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THE
MARITIME MEDICAL NEWS.

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A MONTHLY JOURNAL OF
MEDICINE AND SURGERY.

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THE

MARITIME MEDICAL NEWS,

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Original Communications.

THE DISORDERS OF NUTRITION IN CHILDHOOD.*

By W. H. LAUGHLIN, M. D., Milltown, N. B.

The Chairman of the local committee having done me the honor of inviting me to prepare and read a paper before this Society, I have chosen for my subject, the "Disorders of Nutrition in Childhood." While I might well shrink from the task which has been assigned me, yet I feel that as it is reserved for a few men to present new medical facts the only profitable course that remains for the others, when circumstances compel them to write or talk, is to repeat and emphasize certain points that are of practical value. In the limited time at my disposal, it will be possible for me to only point out some of the most practical thoughts in connection with the subject with which I have to deal.

As in all branches of medicine and surgery, in managing the digestive disorders of childhood, we can best cure them by preventing them. In a general way we are safe in saying, that nearly all diseases in early life may be avoided if constant unremitting care be given to the child.

Children are particularly liable to disturbances of the digestive tract, and these are apt to be intestinal rather than of the stomach, as we would expect from a consideration of the anatomy and physiology of infancy.

The small size and vertical position of the stomach makes it act as much as a conduit for food, as a digestive organ. While the partial development of the digestive glands, the great length of the lower part of the colon, the size and importance of the liver, all point to the great importance of intestinal digestion.

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* Read at Meeting of New Brunswick Medical Society, St. Stephen, July, 1898.

An infant does not secrete saliva until the third month; the pancreatic juice is not secreted until the fifth or sixth month, and the bile is poor in salts, necessary for the complete assimilation of fats. Gastric juice is secreted early, and the digestion of proteids is usually complete when given within physiological limits.

The stomach holds at birth one ounce, two ounces at the end of the first month, five ounces at the fourth month, eight ounces at the eighth month, and ten ounces at the twelfth month.

A child should gain in weight one ounce per day during the first few months: after the sixth month, about one-half ounce per day. It should double its weight at birth by the fifth or sixth month, and triple it at the fourteenth or fifteenth month. At its sixth year, its weight should be double that at its first year, and at its fourteenth year, double that at its sixth year.

The growing tendency towards the artificial feeding of infants is the natural outcome of increased knowledge of the subject of substitute feeding, improved methods and simplicity of preparation of artificial foods. The best method of artificial feeding, however, cannot compare with a healthy, natural secretion of the human breast, free from all bacteria, and its several constituents held together in suspension with a nicety no artificial means can equal. Unfortunately all breast milk is not normal healthy milk, and one of the first signs of disordered nutrition is the fact that the child is not sleeping well. Another early symptom of insufficiency of food is the child nursing longer than from fifteen to twenty minutes, or perhaps nursing fifteen to twenty minutes, falling asleep, and in a few minutes awakens and nurses again. The mother will also feel dragging pains in the breast at nursing time. The child's sleep is irregular, and easily awakened. The stools are also irregular, and there is no gain in weight. If these symptoms continue, there is loss of weight, delayed dentition, and all the signs of faulty nutrition. Diarrhœas and skin diseases are evidences of indigestion.

Mother's milk is impoverished by lack of exercise, loss of sleep from frequent nursing at night, worry, anxiety, overwork, and all severe emotions.

The treatment of such cases consists of improving the quality or quantity of the milk, or both as the case may be, by removing these causes of milk impoverishment. This can usually be accomplished by daily exercise in the open air, artificial feeding at night for a few weeks so the mother can sleep, and correcting the diet. The use of liquid extract of malt often gives good results in such cases.

In other cases, the child tugs away at the breast all the time; its mother weary and worn out, and he vexed and irritated, working hard for a living and not getting it. This condition of affairs goes on until we have a case of "Acute Inanition," characterized by high temperature, great loss of weight, cold extremities, depressed fontanelles, and great prostration. On examination in some cases, the mother will have no milk at all. A delicate child when suddenly weaned, may also present these symptoms.

Treatment.—Procure a wet nurse at once if possible, if not, use a peptonized milk food, low in fats and proteids; give stimulants freely, five or ten drops of brandy every two hours; keep the extremities warm, and be very careful not to unduly expose the child when dressing it.

Cow's milk is the best substitute for mother's milk. The chief differences between cow's milk and mother's milk is in the amount of proteids each contains; the differences in solubility of the curd, and the differences in reaction. In cow's milk only one-fifth of the curd is soluble; in human milk, two-thirds. Human milk is always alkaline, cow's milk is acid, and cow's milk contains about twice the amount of proteids. Proteids are reduced in cow's milk by adding water, but then fat and sugar are in too little quantity to sustain life, so we increase these by adding cream and sugar of milk. A child under three months of age wants a milk containing fat about three per cent., sugar—six, and proteids—one; over three months, fat—four, sugar—seven, and proteids—one and a half, but much is still to be learned regarding precise indications for varying the proportions of the different elements in milk modifications. The only test for nutrition is a gain in weight. A child fed on modified cow's milk, should be fed at regular hours, about every two and a half to three hours, because such milk digests slower than human milk. It should be given at blood heat, and kept so during the meal by a woolen slipper drawn over the bottle. Never give the bottle in the cradle, but nurse him in the natural way. If a mother tells you her child is colicky, and has green acid stools, lower the sugar. If gaining little in weight, there is probably too little sugar. Too much fat produces regurgitation of food, usually sour and foul smelling.

Always examine the movements, and if there are large curds accompanied by a colicky pain, the child is getting too much proteids.

If there is obstinate constipation, leave out the lime water and add a few grains of sodium bicarbonate, or two or three grains of sodium phosphate to each feeding. Patent foods are all deficient in fats. They are all useless as a food, but are useful to bridge over a difficulty for a month or two. Continued use of them will sometimes produce "Infantile Scurvy." Many such cases have been reported in the United States during the past two or three years, and I myself, have seen one such case. In this case the gums were spongy, and bled easily near the teeth; the body was covered by ecchymotic spots: there was hyperasthesia; the joints were swollen and tender, and all the symptoms of malnutrition. This case was due to long continued use of patent foods, and might readily have been mistaken for rheumatism. Treatment consisted of a properly prepared milk food, and the administration of orange juice. The child made a complete recovery.

One of the most frequent causes of death in early infancy is from simply atrophy, or the slow wasting, termed marasmus. It arises in both hand-fed and breast-fed infants, being in either case due to insufficient nourishment. It also often follows a long diarrhœa. You are all familiar with the symptoms of this disorder. The child looks old, skin wrinkled, dry and harsh, extremities cold, and hands claw-like, face pinched, and eyes shrunken, abdomen prominent, and great prostration. When the child is below the eighth month, the prognosis is bad, over this, better.

Treatment.—Stimulants and pre-digested food for a time, then give a modified milk, low in fat and the proteids, and strong in sugar. When the movements become acid, lower the sugar. Cod liver oil by inunction is often of great service.

A very important and common nutritive disorder is that known as "Malnutrition." Usually occurs in children over two years and up to the sixth and eighth year. Inherited tendencies have much to do as an etiological factor, but a more frequent and important cause is imperfect hygiene. Sleeping and living in hot, poorly ventilated rooms, improper food, irregularity in the hours of sleep, children who are up at all hours, and are allowed to have frequent night parties that stimulate and excite the nervous system.

Symptoms.—Anæmia, sleep badly, easily aroused, dream much, and as a result are cross and peevish during the day, miserable appetites, bowels disturbed; diarrhœa in the morning; a movement after meals, passes a great deal of mucus, mothers say they have worms, extremely vulnerable to disease; catch everything. Diagnosis usually made by excluding any constitutional disease.

Treatment.—Child must be watched a long time, does not get better in months, must be fed carefully and regularly, about four times a day; simple food well cooked, and not too much starchy food; must be trained to eat slowly and masticate thoroughly; plenty of fresh air and sunshine; in the morning a cool bath has good tonic effect, regularity of sleep, and avoid all forms of excitement.

If there is a catarrhal condition of the stomach present, as is often the case, this must first be treated, and then give iron in some form, minimum doses of Fowler's solution often useful when assimilation is poor; cod liver oil and tonics as indicated.

Clinical Reports.

SARCOMA OF ORBIT SECONDARY TO INTRA-OCULAR GROWTH.*

By G. R. J. CRAWFORD, M. D., St. John, N. B.

Patient male, aged 61. Strong and robust in appearance. First consulted me over 6 months ago on account of rapidly failing sight. He was a gentleman of good family history, regular and temperate in his habits. Had received a blow on the head some 15 years previously, which he seemed inclined to blame for the trouble in his eye. Ophthalmoscopically nothing could be made out but a slight detachment of the retina in the anterior and upper part. It hung down like a curtain, plainly visible when the eye was turned upwards.

I gave an unfavorable prognosis as to the vision, but did not suspect anything worse. I asked the patient to write me of any change, and if any unexpected symptom arose to come and see me again.

The patient returned in about 6 months, presenting all the outward symptoms of acute glaucoma, although the eyeball was but very slightly, if at all, increased.

An examination revealed but too plainly the condition then existing and the eye was enucleated the next day.

As you will observe, the photos (which I pass round) give a very good representation of the growth.

About a month after removal of the eyeball, when the patient returned for his artificial eye, I snipped a small portion of tissue from the orbit and submitted it to microscopic examination.

Dr. G. G. Melvin, of this city, who kindly mounted the specimen for me, gave as his opinion, in which I was sorry to be obliged to concur that the field showed an abundance of round cells, strongly suspicious of sarcoma.

This unfortunate extra-ocular appearance of the growth made it necessary to perform a second operation. With the assistance of Dr. Murray MacLaren of this city, and Dr. Wade of St. Andrews, the contents of the orbit were removed as affording the only remaining chance for the safety of the patient. Some days after, chloride of zinc paste was applied and the orbit thoroughly cleaned out, most of the periosteum being removed in this manner.

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* Read at Meeting of N. B. Medical Society, St. Stephen, July, 1898.

It is to be sincerely hoped that the operative procedure resorted to may have been undertaken sufficiently early to ensure the non-recurrence of the growth and that no metastatic secondary deposits have taken place in the internal organs, a contingency always to be feared in those cases.

There are about 25 per cent of the cases cured by early enucleation of the eyeball, before any visible affection of the tissue of the orbit has occurred. Some few cases have been cured after, the growth has become distinctly extra-ocular. So that the operation of removing the contents of the orbit is justifiable even in the third and most serious stage of the affection.

The metastasis to distant organs is supposed to take place by the direct entrance of the cells or germs into the vessels in the diseased area, whence they are carried to and form secondary growths in different parts of the body, most frequently in the liver and lungs.

Just a word as to the diagnosis. In the majority of such cases, Nettleship says, a guess can only be made at the truth and therefore "a tumor should be suspected and excision of the eyeball urged in the following cases:

1st. When an eye that has been gradually failing or blind, becomes painful and congested, exhibiting all the symptoms of acute glaucoma, when the disease does not exist in the fellow eye.

2nd. Blind eyes with normal or diminished tension, presenting inflammatory symptoms are best excised as possibly containing tumors.

3rd. In all cases of extensive detachment of the retina, confined to one eye, without history of injury or evidence of myopia, it is best to warn the patient of the possibility of a tumor, and a careful watch be kept as to the earliest appearance of inflammatory symptoms."

CASE OF PUERPERAL SEPTICÆMIA.

TREATED WITH ANTI-STREPTOCOCCIC SERUM.

By J. H. SCAMMELL, M. D., C. M., St. John, N. B.

Mrs. S———, aged 33 years, mother of two children, two and four years of age. I first saw the patient Saturday, Nov. 18, 1898. She gave the following history:—On Friday, Nov. 11, while running a sewing machine she was taken suddenly with severe cramps in the abdomen and in a few minutes had a hæmorrhage, per vagina. Her family physician sent her some medicine. The hæmorrhage gradually ceased and she felt better, until the following Tuesday, Nov. 15, when she had a second hæmorrhage. This time her physician called, and he removed a four months dead fœtus. The doctor did not see his patient after this operation, until Thursday, Nov. 17, or nearly 48 hours after the fœtus had been removed. She was then having chills, diarrhœa and abdominal pain.

When I first saw the patient, it was nine days after the first hæmorrhage and four days after the operation. Her pulse was then 132; temperature 102.4 F.; tongue parched and dry; some abdominal pain. There was a slight discharge from the uterus. She was having severe rigors and diarrhœa. My diagnosis was puerperal septicæmia.

I gave the patient repeated large doses of quinine sulphate and brandy. I gave a uterine douche of bichloride 1-8000, curetted and followed it by a douche of sterilized water. The patient did not improve, the diarrhœa increased, the temperature varied from 100 F. to 104 F. There was great thirst.

After consultation with Dr. McLaren I curetted the second time, and gave the patient nitrate of silver pills, gr. $\frac{1}{4}$, one every four hours, and 20 drops of tr. opii every three hours. The uterus contracted nicely after the second curetting, and the discharge ceased. However, her general condition did not improve. Her temperature reached 105 F.; pulse 136; diarrhœa consisting of very watery movements, sometimes four or five, sometimes more, an hour; tongue glairy; low muttering delirium.

I decided to try the effect of Parke, Davis & Co.'s anti-streptococcic serum. The first dose, 10 c. c., was given in the left pectoral region. In less than half an hour the temperature had dropped 1° F. Two and a half hours later the temperature reached 102 F, when a second dose 10

c. c. was injected. It then fell in a short time to 100 F. The pulse decreased from 136 to 112. The next morning the temperature rose to 103.4 F. A third 10 c. c. was injected. The temperature immediately began to drop, and in two hours reached 100.8 F. The patient expressed herself as feeling better. The tongue became moist and the delirium ceased. That afternoon the temperature reached 104 F. and a fourth injection was given, and in a very short time it reached 101 F. The next morning the temperature was 102.6 F. and a fifth injection was given. There was a gradual drop now, and the next morning it reached 96 F, and in the afternoon reached 103, but did not remain high, coming down to 100 F. in a short time. A sixth 10 c. c. was given. Her general condition by this time was greatly improved, and this improvement lasted for three days, when the patient complained of pain in the left inguinal region.

On examination, vaginal, there was thickening and slight bulging to the left of the uterus. On Tuesday, Dec. 6th, assisted by Drs. McLaren and W. L. Ellis, I opened the abscess cavity per vagina, and there was not very much pus came away at first. I put in an iodoform gauze drain for a few hours to keep the cavity open, and on removing it there was quite a discharge of pus, and very foul smelling.

The patient did well again after this operation. The temperature was keeping well down to 100 F. ; pulse 98 ; tongue moist, and diarrhœa decreasing. She was feeling better and able to take considerable nourishment. She kept improving each day.

On the morning of the seventh day after the operation the patient on turning over in bed had a sudden and severe hæmorrhage. By the time I arrived at the house she was in extremo. I made a hasty examination and found that the hæmorrhage was not coming from the uterus but from the opening leading to the abscess cavity. I could only plug the cavity and vagina. She was too weak to respond to any treatment and died about an hour later. I did not get an autopsy.

SUMMARY.—I think the case was unmistakably one of puerperal septicæmia ; that the ordinary routine treatment had no effect on the disease ; that she reacted well under the serum treatment ; her pulse becoming stronger ; temperature dropping after each injection ; delirium ceased ; tongue became moist, and she felt better in all respects.

My only theory as to the very unfortunate termination of the case is, that one of the uterine vessels, crossing the abscess cavity, broke down, causing the sudden fatal hæmorrhage.

MESENTERIC INFARCT WITH INTESTINAL PERFORATION.*

By W. L. Ellis, M. D., St. John, N. B.

J. M., male, aged 57, who had been drinking during the day was suddenly seized on the afternoon of Friday, September 16th, while engaged in a sparring bout, with violent pains in his abdomen accompanied by nausea and vomiting. His symptoms were so severe that he was unable to walk to his own home, a distance of about one hundred yards.

When seen that evening the patient was lying in bed with his knees drawn up and complained of intense pains in the epigastric and umbilical regions. His abdomen was rigid and extremely tender on pressure and his body was covered with a profuse perspiration. The vomiting which had been present had ceased. The pain continued incessantly throughout the night and the vomiting returned.

On the following day the symptoms increased in severity accompanied by an elevated temperature and rapid pulse, and death ensued early Sunday morning.

From circumstances connected with the onset of this illness, the coroner, Dr. T. Walker, decided to hold an inquest, and at his request I performed an autopsy at noon on Monday, September 19th.

Autopsy Notes. — The usual post-mortem changes were well marked. The abdomen and thorax were opened by one long straight incision. The abdominal cavity contained a quantity of turbid fluid. The peritoneum over the small intestines presented areas of congestion and was covered with a layer of fibrinous exudate of recent origin. No adhesions were present. At a point in the mesentery of the small intestine close to its junction with the bowel was a small triangular area of necrosis with its apex pointing toward the vertebræ; this area envolved the posterior wall of the intestine which had also necrosed, perforation of the bowel and escape of intestinal contents ensuing. The appendix vermiformis was normal; other abdominal organs negative. thoracic organs negative. Arteries throughout presented slight sclerotic changes.

Remarks.—The above condition evidently ensued from the blocking at some previous time of a small branch of the mesenteric artery, an infarct resulting which had undergone necrosis, but whether or not perforation with the accompanying peritonitis was induced by the alcoholic stimulation or the exertion or blows received while sparring it is impossible to say.

The jury returned a verdict of death from natural causes, and the "sparring partner," who had been retained, was discharged by the order of the coroner.

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* Read before Saint John Medical Society, September 7th, 1898.

REPORT OF SIX CASES OF TUBAL GESTATION, WITH REMARKS.*

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CASE 1.—Mrs. C——, aged 31; married three years. Had one child two years ago, which died soon after birth. Was not pregnant since, till the present time. Last menstruation August 9th, 1891. Had a show during latter part of September. Also suffered from nausea and vomiting. Flowed steadily for four weeks, previous to my seeing her in consultation with Dr. Miller of Toronto, on November 4th. Also had several attacks of abdominal pain, accompanied by faintness and eructations of wind. Of late a "lump" has been noticed on left side above Poupart's ligament.

Examination.—A tender, prominent, hardish mass felt on left side, as also one in Douglas's pouch. Uterus and surrounding swellings were more or less closely connected together. There was not much force used in examination for fear of starting more bleeding. Pulse 100.

Diagnosis.—Extra-uterine gestation. with rupture.

November 5. *Operation.*—Chloroform given by Dr. Grafton, assisted by Dr. Miller. Usual median incision; omentum found adherent to parts in pelvis. After separating it, a large quantity of blood-clots was scooped out, a part of which seemed old and semi-organized. The ruptured left tube and ovary were removed, the usual ligatures having been applied. On examining rectum after removal of clots, &c., it was found contracted and in part unsupported by surrounding tissues. Glass drainage-tube was used, and antiseptic dressings applied to wound. Patient was pretty well collapsed at termination of operation.

Nov. 6.—Has had frequent faint feelings since operation. Vomited several times. Pulse 104 and feeble; temperature 98.

Nov. 7.—At 1 a. m. she was seized with a severe pain in rectum, for which Dr. Miller gave a half-grain suppository of morphine, which eased it. At 4 a. m. the pulse was 168 and the temperature in vagina 104°. At 8 a. m. I reopened the lower end of wound and washed out with warm water; not much got away.

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*Read at meeting of New Brunswick Medical Society, St. Stephen, July, 1898.

9.30 p. m.—Pain returned in rectum this afternoon, requiring $\frac{1}{3}$ gr. suppository of morphine. Pulse has run from 160 to 170 all day. Has had two or three nutrient and stimulant enemas in last fifteen hours. Some green vomiting to-day. Temperature in vagina 105°.

Nov. 8, 9 a. m.—Much the same as yesterday. Gradually sank and died at 10 p. m.

Abdomen examined post-mortem. Not much evidence of peritonitis. Cæcum and colon much distented with gas. Rectum found flaccid and free in pelvis for several inches of its length, and in parts looked like wash-leather, being evidently gangrenous.

CASE 2.—Mrs. T——, aged 30; had two children. Thinks she was pregnant while being treated for womb trouble. Was curetted for supposed abortion on August 9th, 1893. Has had pain in lower abdomen and fever ever since then, till admitted to St. John's Hospital, Toronto, under my care, September 20th.

Examination.—A considerable amount of hard swelling on either side of and behind uterus; tender on pressure over these parts. She was treated by hot poultices, blisters, iodine and hot vaginal douches for three or four weeks, but with little result. Had a temperature varying from 99° to 101.3° during this time. Also had her menstrual flow once. Flow began a second time on Oct. 20th, preceded by some purulent discharge. Temperature ran up at times to 103° during the few days preceding Oct. 24th, at which date chloroform was given and an exploring trocar thrust into swelling posterior to cervix. Pus was got, and then bistoury was put in and opening enlarged. Several ounces of pus were let out and a large rubber drainage tube introduced.

Nov. 3.—Not much discharge for a day or two, and tube inclined to come out. It was taken away. Temperature has been about normal since operation, and patient has felt much better.

Nov. 26.—Has done fairly well. Some pus still discharging. Menstrual flow began to-day. Six weeks since she saw anything before. A small rubber tube has been kept in sinus a good part of time.

Dec. 6.—Considerable indurated swelling yet about uterus. Some pain at times. Patient is anxious to get out of hospital, and asks for an operation, if it is thought it will expedite recovery.

Dec 7. *Operation.*—Chloroform by Dr. Davidson, assisted by Dr. Mechell. Abdomen opened. Coils of bowel found adherent over pelvic contents were separated. A thick cyst about $2\frac{1}{2}$ inches in diameter found in Douglas's pouch, running over towards right ovary. Fundus uteri displaced to the left. While enucleating the cyst it ruptured and considerable purulent fluid escaped. The cyst with right tube and ovary were removed, ligatures being applied. Left ovary and tube healthy. Washed out with hot boiled water. Glass drainage-tube used and the usual sutures and dressings. Vagina loosely plugged with iodoform gauze to absorb any discharge which might come from old opening there. Pulse 100 and pretty feeble.

On examining cyst it was found lined with a roughish blood-stained membrane. I exhibited it at the Toronto Medical Society, and it was regarded by Dr. J. F. W. Ross (late assistant with Lawson Tait) and others as the result of an extra-uterine pregnancy.

Considerable discharge took place after operation, especially from vagina. Abdominal wound did not heal well, probably from being fouled by contents of cyst. Sutures removed on Dec. 12th. A sinus kept open from behind cervix and from lower abdominal wound until the following June, when a silk ligature came away, and then it soon closed. About a year after this she gave birth to a fine boy.

Case 3,—On Oct. 10th, 1894, I was asked by Dr. Sloan, of Parkdale, Toronto, to see with him Mrs. H. J. T., aged 25. She gave the following history: Always healthy until present illness. One child three years old. Has had a reducible inguinal hernia since childhood. Menstruated last during first week in August. Began to have morning sickness a few weeks ago. Breasts seemed enlarged, and she considered herself pregnant. Three weeks ago began to have occasional attacks of colicky pains in lower abdomen, lasting from a few minutes to an hour or two. During the last week had two more severe seizures, accompanied with faintness, and then it was that Dr. Sloan was called in. She also complained bitterly a few hours before I saw her of a pain in the left shoulder, which shifted to the right. For this Dr. S. gave a dose of morphine hypodermically. Bowels regular. No vaginal discharge.

Examination.—I found fundus uteri displaced to the right side by a tender hardish swelling on the left. Pulse 90; temperature 100°.

Diagnosis.—Left tubal gestation.

Operation advised and agreed to. Chloroform given by Dr. Hart, assisted by Dr. Sloan. As soon as peritoneum was opened bloody fluid with soft black clots flowed out. Broad ligament clamped on left side, and a ruptured tube was delivered and ligatured. The mass was about three inches in diameter; no fœtus seen. The opening in the tube was an inch in diameter and was partly plugged by firmclot. It lay towards the outer fimbriated extremity. Abdomen washed out. Glass drainage tube used. The usual sutures and dressings.

The patient did uninterruptedly well after operation, and left hospital before the end of the fourth week. The drainage tube was kept in five days.

Case 4.—On Dec. 6th, 1894, I saw Mrs. T. McC. in consultation with Dr. Cuthbertson, of Toronto, who was of the opinion that she was suffering from an extra-uterine pregnancy.

History.—Fairly healthy. Had five children. Three abortions during the last year. Menses due two weeks ago. Never vomits during pregnancy. A week ago began to have colicky pains, for which she took some cathartic medicine. These became so bad to-day that she went to bed and sent for the doctor. The same evening he asked me to see her in order to confirm the diagnosis.

Examinaton.—Fundus uteri seemed enlarged and was carried to the left by a mass about the size of a small orange, which lay on the right and posteriorly. This mass was somewhat tender on palpation. A little watery fluid can be squeezed from one nipple. Pulse 88; temperature normal.

Diagnosis confirmed and operation advised. Removed to St. John's Hospital next morning, and with the assistance of Dr. Cuthbertson and Dr. G. B. Smith, a ruptured tube and hæmatoma of right broad ligament removed. Glass-drainage tube used. No fœtus seen. Temperature never reached 100° after operation. Tube removed on the third day.

Dec. 24.—Very anxious to go home for Xmas, and was allowed to go, being carried out of hospital and into her own house, and immediately put to bed. No flow occurred from vagina either previous to or after operation until Jan. 5th, and on the 7th Dr. Cuthbertson attended her with an abortion from the uterus. I should say that breasts had continued somewhat enlarged, and fluid could be squeezed out all along from the nipples.

Case 5.—On June 3rd, 1897, I was called to Boiestown, N. B., to see Mrs. C' D., a patient of Dr. Irvine, who suspected it to be a case of extra-uterine pregnancy.

History.—Aged 29. Married six years. Three children, youngest eleven months. Menstruated for last time ten weeks ago. Four weeks ago began to have a bloody discharge with crampy pain on left side

These symptoms have continued till the present. Some pain of late on right side also, and has had rectal tenesmus at times. Has been able to keep about the house till yesterday, when she became worse. Dr. Irvine at first thought she was having an abortion, but at last decided it might be a tubal gestation and sent for me with a view to operation. The temperature has all along been normal or subnormal.

Examination.—Not much abdominal distension nor tenderness. By vagina, a large tender mass felt behind uterus, lying deeply, and crowding uterus forward to pubes.

1 p. m. *Operation*—Chloroform by Dr. Irvine. On opening peritoneum, fundus uteri seen with bowel and omentum adhering to it. On separating these, a round firm tumor of size of orange came into view, with a large quantity of black clotted blood around and behind it. Then ligatures applied and this firm mass, which proved to be a distended and ruptured left tube with firm clot, &c., protruding from it, removed. The black clots were now scooped out from pelvis and a glass drainage-tube put in. Wound closed as usual and dressings applied.

At end of operation patient was in good condition with a pulse of 84. As there was not much discharge Dr. Irvine removed tube at 10 p. m. June 5th. Highest temperature had been 100°.

June 7.—I saw patient with Dr. Irvine. Bowels had been well moved and she seemed to be doing well in every way.

June 11.—For last two or three days the temperature has been rising, until now it is 102° or more. I again visited her with Dr. Irvine, and suspecting suppuration about some of the old clots, which had not all escaped when the tube was removed, I passed in a uterine sound via sinus where tube lay, and after some forcible probing, foul pus welled out. Large rubber tube then introduced after dilating with forceps.

June 12.—Temperature 99.4°.

June 19.—Doing well. Temperature about normal for last week.

June 25.—Tube left out.

July 7.—Up and about.

CASE 6.—Mrs. G. H., aged 29. Has two children, the youngest seven years old. Has never been very robust—thin and nervous. During past three years has had her menses rather frequently. Last time was Jan. 27th, 1898. On the 20th of March took severe pain in right loin and flank, running down into rectum, and at times shooting across abdomen. No collapse nor faintness with it. I was called to see her at this time, and felt an indistinct fulness on the right side of pelvis, but the tenderness was such as to interfere with a satisfactory examination. Breasts very small, as was their natural condition.

Had several ¼ gr. doses of morphine during the next few days, and in a week was about the house. Then a colored discharge began, which continued until I visited her on April 20th. Then I examined her again, not using any great pressure. While doing so, a pain started in right loin, running up back and across the belly. During this examination I thought I could feel the fundus of uterus lying deeply in middle line, with a hard mass in front and to the right of it. Two or three ¼ gr. doses of morphine were required to relieve the patient, and as she seemed to be growing weak, I had her removed to Victoria Hospital at 5 p. m., and at once prepared for operation.

Operation.—Chloroform, followed by ether, was given by Dr. McLearn. Patient kept almost constantly straining in spite of the profoundest anæsthesia, and nearly if not quite all the small intestines were forced out of the abdomen before we got through. Also blood flowed freely, consisting of old black clots as well as of fresh blood from the rent in Fallopian tube. Finally right tube and ovary were gotten away after tying them off, and remaining clots cleared out with hand and sponges. Wound closed without drainage. Pulse was 120 and feeble at the conclusion of the operation, although 1-20 gr. strychnia had been given hypodermically, and half an ounce of alcohol in a pint of saline fluid by the rectum. Convalescence was somewhat slow, but the patient was out of bed in five weeks, and able to leave the hospital in another week.

Remarks.—I will not take up the time of the Society by dilating upon the pathology of extra-uterine pregnancy, but may simply observe that it almost always has its beginning in some part of the Fallopian tube, and subsequently either ruptures and causes dangerous bleeding and the death of the fœtus, or it continues to grow and flourish as a tubo-abdominal or tubo-ligamentous pregnancy. Occasionally it aborts through the fimbriated end of the tube without rupture of the latter, or results in a tubal mole.

The diagnosis of tubal gestation is made probable by the following symptoms: (1) Recent cessation of menstruation, followed by the usual signs of ordinary pregnancy, such as morning sickness, enlargement of breasts, with perhaps fluid got by squeezing nipple, &c., &c.; (2) crampy, colicky pains occurring at intervals of a few days, or weeks, increasing in severity, and accompanied sometimes with faintness and perhaps nausea and vomiting: (3) along with these pains we commonly have a vaginal flow of blood, which resembles in many respects that which occurs with an ordinary abortion, and often leads the inexperienced to suspect this condition. A decidual membrane may or may not be expelled.

It will be seen that in cases 3 and 4 above reported, there was no vaginal discharge up to the time I saw the patients; so that this is not necessarily a symptom always present in ruptured tubal pregnancy. In one of these its absence is accounted for by the fact that she also had a fœtus in the uterus at the time of operation. In the other it was perhaps due to the impregnated ovum's lying towards the outer end of the tube, and in such a case the flow of blood would probably be less likely to extend inwards to the uterus. If I remember rightly, however, some bloody discharge did take place subsequently to the diagnosis being made at my first examination, but it was only slight. We must not therefore expect a bloody flow from the uterus in *every* instance of this condition, and must be prepared to make a diagnosis from the other symptoms present, together with the physical signs obtained by a bimanual examination. By means of the latter we are generally able to fix the diagnosis in any case where a woman presents most of the symptoms enumerated above, as those which generally accompany an extra-uterine gestation.

If such a patient be examined we will find the uterus somewhat enlarged, the arteries at the roof of vagina, on the side of the impregnated tube, pulsating more strongly than usual; and a hardish and somewhat boggy mass, generally on one side of and behind the uterus, about the size of a small fist, which displaces the fundus to the other side and perhaps somewhat anteriorly.

In case 6 this mass was situated to the front of the fundus and carried the uterus backwards instead of forwards; but this is unusual.

According to Dr. John W. Taylor, of Birmingham, England, who has recently delivered a course of lectures on extra-uterine pregnancy, we sometimes get an early rupture of the tube, from two to six weeks after impregnation, in which the bleeding is so rapid and serious that death is apt to take place before much of a tumor has had time to form, either from the size of the fœtal growth or from the coagulation of the effused blood.

In the report of my third case, it will be noticed that a few hours before operation great pain was felt in the top of the left shoulder, which afterwards shifted to the right. I have once before observed this acute pain in the left shoulder in a case of perforated gastric ulcer, the diagnosis being verified by successful operation, and I have read of a similar experience in the practice of others. But I do not recollect that any one has ever recorded an instance of tubal pregnancy in which severe pain in the top of the shoulder accompanied the symptoms of rupture. It may, therefore, be worth noting in connection with this affection.

In regard to the death of my first case from gangrene of the rectum, I may say that it is but very rarely that one hears of a fatal issue in laparotomies from this cause. I happen to have been unfortunate enough to have had two of them. One occurred about fifteen years ago, after my first hysterectomy for a thirty pound fibroid tumor, which burrowed down under the peritoneum on the left side of the pelvis. The other has just been reported.

In the tumor case, the death of the bowel was I suppose occasioned partly by the removal of the growth from its bed, and partly by the ligatures applied to control the bleeding. It occurred in the early days of operations for fibro-myomata, when we did not know very well how to deal with them, and would not be likely to take place at the present time.

In the tubal gestation case, the rectum was left unsupported after removal of the firm clots around it, which doubtless served as a medium through which it was nourished, and consequently sphacelus resulted.

In both of these cases of gangrene, the patient suffered from an excruciating pain in the rectum for two or three days previous to death.

If I should ever meet with another instance of tubal pregnancy similar to this, I would either leave the clots entirely alone and trust to nature's efforts to bring about a favorable termination by absorption and concomitant organization of the blood, or I would, after the removal of the clots, excise the unsupported portion of gut and unite the ends by Murphy's button.

FOREIGN BODY IN LUNG FOR EIGHT YEARS SIMULATING TUBERCULOSIS.*

By M. A. B. Smith, M. D., Class Instructor in Practical Medicine and Lecturer on Therapeutics, Halifax Medical College.

Wm. B. M., was born at Riverside, Hants Co., N. S., and is 21 years of age.

His father died of rheumatism at 82 years. His mother is still living and healthy. He is an only child.

He is of a nervous imaginative disposition, and inclined in sickness to over-estimate the severity of any trouble.

He states that previous to the commencement of the present trouble eight years ago last June, he was enjoying good health. One day that month he was working in the garden. He was suffering from a decayed tooth. He broke off a head of timothy hay, having on it a stem of a quarter of an inch. This he used, to pick the tooth. The head happened to slip out of his fingers, got into the mouth, first under the tongue and then into the back of the mouth. Beginning to cough, he drew the head of timothy into the larynx. This occuppied only a few moments. As soon as the timothy got into the larynx, a paroxysm of coughing occurred, lasting ten minutes. During this ten minutes he spat up a little blood. He was not certain of having got the timothy into his throat but thought he might have spit it out during the violent coughing. At the end of this time the coughing subsided entirely. During the afternoon he went into the water swimming and took cold. On the third day from this he became quite sick and his physician found that he had pneumonia of the right lung and pleurisy. At the end of two weeks however, during which he coughed a good deal, he was much better, and at the close of another week the doctor pronounced him well.

About this time he began to cough again and to expectorate a dark, thick material, appearing to contain pus and dark blood. The cough soon began to be severe so that he coughed all night and most of the time. The doctor in attendance was at a loss to know what the trouble was. He gave very little credence to the idea of the boy having swallowed the timothy. He believed it had come up and been spit out the first coughing it occasioned. However, after these two days, and for a week the cough again became easier though expectoration continued. Then he began to expectorate bright red blood. This would be about a month from the time of the accident in the garden.

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*Read at N. S. Branch British Medical Association, Dec. 7th, 1898.

After this he had slight attacks of hæmorrhage during the summer and early fall, as often as twice a week.

In September, he first noticed bits of chaff in the expectoration. At first they were quite green in color. The doctor expressed himself convinced as to the cause of the coughing. He said he had found the timothy had lodged in the left lung in the mammary region. The patient had felt pain just above the left nipple for some time.

The cough and expectoration continued during the fall and winter. The attacks of coughing were however more severe when they occurred, and he spit up a larger quantity of blood.

For the next four years the attacks of hæmorrhage occurred at intervals, though not more frequently than once or twice a month. The expectoration was thick and either yellow or a dark brick color, and was pretty constant. Every few weeks portions of the timothy head could be seen in the sputum.

From this time to the present he has always had some cough and expectoration. Until three years ago severe hæmorrhages occurred occasionally, their diminishing frequency seeming to be made up for by their increasing severity. On one occasion he states that he spat up nearly a quart of blood. Two physicians who were in attendance thought he could not live.

In 1894, the patient went to the V. G. hospital, but the only diagnosis ventured at that time, as recorded, was hæmoptysis.

Up to Aprll 13th last, there had been no recent appearance of chaff in the expectoration. The last had been noticed eighteen months before. An attack of pneumonia however, just previous to this date, occurring (by the way) in the right lung, was followed by a good deal of coughing. On April 13th, last, nearly *eight years* after it was said to have been taken into the lung, a number of particles of timothy again made their appearance in the sputum, during my attendance. These I have preserved on a microscopic slide. I have also mounted some particles of timothy with which to compare them. Both of these slides are presented for examination.

There can be no doubt that the history given by the young man is true, and that he has still in his lung portions of a head of timothy which he so strangely inhaled eight years ago.

Physical examination shows somewhat high pitched tubular breathing and diminished vesicular respiratory murmur in the left infraclavicular region. There is also slight dullness on percussion over this region.

His general health is now good. He has still a slight cough, and there is some, but very little expectoration.

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Editorial.

DR. ALLBUTT'S ADDRESS.

For many years past, eminent British physicians visiting Canada and the United States have been asked to speak before professional audiences in the larger medical centres, the choice of theme naturally resting with the speaker. Men of the calibre of Lord Lister, Prof. Chiene, Lawson Tait and the late Ernest Hart could not fail to attract large professional gatherings or say something worthy of the occasion. Such addresses when published have enabled the profession generally to gather the droppings of wisdom from leaders of professional thought abroad.

During the past year the well known Professor of Medicine in Cambridge University, G. B., Dr. T. Clifford Allbutt, visited this country and the United States, and during the course of his travels spoke in many places. In San Francisco he delivered a series of lectures, known as the Lane lectures. An *extempore* address at McGill University, Montreal, aroused great enthusiasm. Quite recently he delivered an address before the Johns Hopkins University, the subject being "Nineteenth Century Medicine," which has been made accessible to the profession by publication (*Bulletin Johns Hopkins Hospital* Dec.) (*Philadelphia Med. Jour.*, Dec. 12). The address is so much above the average in point of quality that we deem it a duty to call the attention of our readers to the subject. It is characterized throughout by terseness, breadth of view, deep philosophical insight, wealth of learning and great beauty of diction. The tendencies and triumphs of modern medicine, the history of the past, the relation of medicine to cognate sciences, medical education and the higher aims of the profession are touched upon by the hand of a master. No abstract or summary comment can convey a just estimate of the masterly character of the address. It must be read in its entirety, and we feel sure that its perusal will inspire nobler ideals. We append the concluding portion :—

" But do not let us forget that our calling derives its honor not from its power of repairing the carnal body ; were this its only title to respect it would take a low place in the hierarchy of professions. Those professions which deal with the ends which alone make life preserving—such as that of the law of religion, philosophy and of the fine arts—would in such case regard our occupation but as a higher kind of farriery. The glory of our profession, from the hour when Hippocrates, in that oath wherewith like a trumpet, the notes of which reverberate still through the ages, summoned us to take our place in the fore front of the fight, has been that we are concerned not only for mankind, but for men. The ideal side cf a physician's life is that he brings healing or solace to his human fellow. The Greek philosopher, like the modern socialist, would sacrifice man to the State ; the priest would sacrifice man to the Church ; the scientific evolutionist would sacrifice man to the race. Yet, while all these elements of co-operation and of aspiration work together for good, we thankfully see that, after all, the tendency of civil evolution, as of Christian ethics, is to use society as a means for man himself, as a means to purify and to elevate the individual soul. The physician, then, is more than a naturalist ; he is the minister not only of humanity at large, but of man himself. Thus it is that the humblest of us, and he who labors in the darkest and most thankless parts of our cities, is never a drudge ; in the sight of the angels he is illustrious by the light of his service to men and women. The man of science can tell us delightful things about birds, flowers and wild life, for all life is various and touching ; he can tell us queer and uncomfortable things about our insides, amazingly useful things about steam and electricity, but at bottom, when the marvel is over, or the material gain is won, all this grows stale. Ideas concerning the harmony of the spheres, concerning cosmic evolution, concerning the inhabitants of Mars, are prodigious ; they may uplift us sometimes with a sense of the greatness of man's inheritance, but alone they are cold and unsatisfying. The child of his age feels that a sonnet of Wordsworth, a flash of Browning's lamp into man's heart, an idyll of Tennyson give us thoughts worth more than all the billions of whirling stones in the universe. In strengthening and cherishing this inner life of his brother and sister, happily, the physician has many fellows, but the physician alone among them all holds sacred the lamp of the personal life for its own individual sake ; he alone forgets Church, State, nay, even the human race itself, in his tender care for the suffering man and for the suffering woman who come to him for help."

Society Meetings.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

DEC. 7, 1898.—Dr. MURDOCH CHISHOLM, President, in the chair.

Dr. M. A. B. Smith reported a case of a young man who accidentally drew the head of a piece of timothy hay in his larynx, producing symptoms, which lasted for eight years, resembling tuberculosis. (Published on page 19 of this issue of the NEWS.) Dr. Smith said that Dr. D. A. Campbell thought timothy was the cause when he saw the case and heard the history.

Dr. D. A. Campbell said that the reason he gave credence to the timothy theory was that he had heard of a similar case. While in Digby with Dr. Kinsman, a young man who was a neighbor related an experience. While walking through a hay-field and biting off the heads of timothy, one slipped into a bronchial tube. He was not affected immediately, but subsequently developed hæmorrhage, which recurred during four or five years. Finally the head was brought up almost unchanged.

A discussion on "Gonorrhœa" then took place.

Dr. Ross read a paper in opening the discussion, from which we give a condensed report :

The subject of gonorrhœa is a very comprehensive one, viewed from its etiology, pathology and treatment. There are some points under the heading of etiology which are of considerable importance, especially as some of the best observers hold views at variance with one another.

Just a few words about the etiology of simple urethritis (non-specific urethritis).

It is certain that any systemic affection which gives rise to irritability of the mucous membrane predisposes to inflammation of these structures. This is especially true of rheumatism and gout. Lydston, of Chicago, believes that gout and rheumatism are much more intimately associated with urethritis than is ordinarily supposed. He says either or both may be a powerful factor in cases in which the exciting cause is undoubtedly specific infection. It is well to keep this in mind, as it is sometimes an important guide to treatment. Most of the cases of simple urethritis are due to sexual, alcoholic or dietetic excesses upon a urethra which has been already damaged and in which the products of microbial infection are present. This must be remembered as bearing upon cases of suspected gonorrhœa in which the virtue of one or both parties may be brought into question.

The predisposing causes of specific urethritis or gonorrhœa are precisely the same as those for simple urethritis. It is probably right to lay special stress upon the excessive use of alcohol as a predisposing factor in gonorrhœa. Lydston says that it is probable not unusual to meet with patients who are in the habit of regular sexual indulgence with prostitutes who have escaped infection excepting on the occasion when the exposure was accompanied or followed by a prolonged drinking-bout, such exposure being with the same class of females—and often indeed with the same individual—as during their periods of soberness.

Exciting causes.—In the years gone by such an authority as Record denied the virulence of gonorrhœa and regarded it as a simple catarrh which may be due to various irritants. He laid special stress on the point that in cases where the male partner had acquired clap the female was often found entirely healthy, or often suffered merely from leucorrhœa, menstruation, etc., and the development of the clap must be attributed to one of the above-mentioned causes. Finally he called attention to acclimatisation which renders one accustomed to it insensible to such irritation, but affects the new-comer with gonorrhœa. From all these experiences Record concluded that gonorrhœa is not a virulent disease; that it may develop without inoculation; that it may be acquired from the most innocent girl and the most virtuous wife. In his easy way of presenting his views he even went so far as to devise a prescription for the means to be employed for surely acquiring gonorrhœa.

Whether the menstrual secretion ever starts a urethritis—a simple one of course—is yet a matter of dispute. Such an authority as Lustgarten mentions the possibility of it being a cause, while Lydston states the possibility of the normal secretions in the female producing simple urethritis is positively absured. "Menstrual fluid, unless decomposed or mixed with the products of bacterial evolution of one kind or another, cannot possibly produe urethritis."

The "strain" theory is a popular one, but the most fallacious one of all.

Regarding the method of contagion in gonorrhœa, Lydston says it has seemed to him that considerable illogical reasoning has been indulged in regarding the possibility of infection with gonorrhœa in an innocent manner. I quote from that author: "Whenever an individual presents himself with a gonorrhœa and gives a history of unknown or innocent source of infection, the practitioner treats the history with lofty disdain and a contempt born of profound knowledge of human nature, particularly as manifested in venereal diseases. The author unhesitatingly affirms that, other things being equal, gonorrhœa is more likely to be contracted innocently than is syphilis. The water-closet theory of the origin of gonorrhœa has received much ridicule, yet the author is inclined to the belief that if logic rather than ridicule be applied to the study of the question, the theory will not appear quite so absurd. Is it illogical to suppose that gonorrhœal infection may occasionally occur in this manner? We are entirely too prone to question the veracity of the patient. Ridicule is hardly a safe argument as applied to a question that can be reasoned upon quite as logically as can the subject of infection of any other kind. This is important from a medico-legal standpoint. The man who goes upon the witness-stand and offers expert testimony to the effect that any individual might not possibly have contracted gonorrhœa in the innocent manner just described must certainly depart from the ordinary rules of logic, and, however profound his knowledge of bacterial infection in other directions, must necessarily manifest upon this question the densest ignorance of sound pathological and bacteriological principles. The same argument is pertinent, although perhaps not equally so, as applied to possible innocent infection of the female. This statement is likely to be received with derision, but as already stated, ridicule upon a question so open to logical reasoning as the one under consideration is hardly worthy of respect."

Pathology.—Inflammation, intense hyperæmia with swelling of mucous membrane. When inflammation is at its height, there exists an infiltration of the corpus spongiosum, resulting in thickening and inelasticity of that structure. Later, the plastic infiltration either subsides entirely or, as is very frequent, localizes itself at certain points. In chronic cases the pathological factors that explain the persistency of the disease are stricture, congested and granular patches, dilatation and enlargement of the glands. The tendency to the formation of granulations is especially marked in the bulbous region. This is worthy of note, as the recognition and treatment of this condition by means of the urethroscope constitute the sole hope of cure in a certain number of cases of chronic urethritis.

Treatment.—Record's old statement was not far from being right: "Anybody can tell when a gonorrhœa begins, but God alone knows when it will end," though at the present day this may be somewhat modified.

Abortive treatment.—Nitrate of silver, 15 grains to the ounce, kept in for a few seconds and urinate afterwards. Probably better method is prolonged and systematic irrigation of anterior urethra with permanganate 1 to 5000 to 1 in 10000—not too hot; done for half an hour: repeat twice daily for 3 or 4 days, and after once daily. Short nozzle best. Put on alkalies and suitable restrictions regarding diet and exercise. Where patient cannot submit to frequent irrigations, permanganate by ordinary injection used stronger, every 2 hours in large quantities, and at the last keep the urethra full for 10 to 15 minutes. Can be increased to 1 to 2000.

Chronic cases are best treated by the passing of sounds, irrigation to lessen the catarrh and direct application by means of the urethroscope of suitable agents, the most important being nitrate of silver, iodine and carbolic acid. There are many other things that might be said about treatment, but as others are to follow I will not take up any more time.

Dr. D. A. Campbell dealt with general infection from gonorrhœa and spoke principally of so-called gonorrhœal rheumatism. Although the general symptoms are often severe, they are not usually so severe as those of articular rheumatism. The joints are not so acutely affected and the disease does not shift from one joint to another. He thought that iritis or sclerotitis should arouse suspicion of the gonorrhœal origin of a case of rheumatism. This disease may be brought on without exposure to cold or wet. It is very stubborn, resisting treatment. If ordinary remedies such as salicylates and alkalies have no effect you suspect a gonorrhœal origin, for these remedies have practically no effect in this disease. Another feature is that it attacks unusual joints, such as the sterno-clavicular, maxillary, symphysis pubis. In this respect it resembles rheumatoid arthritis.

Treatment.—See to the local treatment of the gonorrhœa first. The supine position aids in curing the discharge. Iodide of potash gives generally good results. Tonics are indicated, such as tinct. ferri mur. and good feeding. When the ankle joint is persistently affected it almost invariably leads to flat-foot. Artificial support relieves the painful symptoms of this affection. In two cases he had seen rheumatoid arthritis follow. Another feature of the disease is that no matter how bad the joints are the heart remains intact as a rule.

As regards treatment of recent cases of gonorrhœa, his experience was not large. He was generally able to cure them in from six to eight weeks anyway. He believed in abortive treatment. We have an example of the benefit of abortive treatment in gonorrhœal ophthalmia of infants when treated with nitrate of silver. His plan was to give purgatives the first few days and a mixture of alkalies and bromide. When the urgent symptoms were over he gave a combination of copaiba, cubebs and santal oil. He makes it a rule that they should continue this mixture until two weeks after the discharge has ceased. He does not use injections much, but occasionally uses permanganate of potash, also tannic acid in claret.

Dr. Jones mentined the fact that urethral discharge may come from a chancre. A patient of his had urethral discharge for three months. Nitrate of silver and permanganate of potash were used and patient was thought cured. He afterwards had cystitis and a few days ago he developed a syphilitic rash. There was no chancre to be seen. Probably the urethritis was originally due to a urethral chancre.

As regards gonorrhœal rheumatism, some outbreaks of gonorrhœa are followed by rheumatism. A comic opera company came here some years ago. Three cases came to him about the same time, and all had gonorrhœal rheumatism following. One of the girls of the same company returned on a subsequent occasion, and two cases he knew of who contracted gonorrhœa from her, developed gonorrhœal rheumatism. As regards gonorrhœa in women he would divide it into two varieties—primary and secondary, or acute and chronic. Primary is due to direct infection with the male suffering from an acute attack. There is sometimes profuse vaginitis and also inflammation of cervical canal and urethra. In secondary or chronic gonorrhœa, uterus and appendages are more likely to be affected. Primary, however, may attack the uterus. If uterus is affected, the Fallopian tubes soon become involved. There is surrounding inflammation coming from the lymphatics. Noeggerath has said that 80 per cent of married men have had gonorrhœa and 12 per cent have given it to their wives. This was going too far. Many men marry with gonorrhœa not properly cured and the wife becomes infected. Latent gonorrhœa has a tendency to develop in the post-nuptial period. If the woman becomes pregnant the danger is increased. It may cause abortion and septic infection during the puerperal period.

It is not important in the female whether urethra is involved or not. Bladder is more commonly affected in women, but it is more easily treated. He thought vaginitis not present primarily, but might be secondary to inection of the cervix. The gonococcus thrives only on cylindrical epithelium—not squamous as in the vagina. If there is a discharge from the vagina, treat the cervix and the vaginitis will become cured. Lately formalin 1 to 1,000 in the vagina, or 1 to 500 applied to the cervix has been advocated. Do not tampon the vagina as that prevents drainage.

Dr. Murray referred to the predisposition produced by alcoholic and sexual excesses. Normally the secretion of the mucous membrane of the urethra is acid, while during alcoholic or sexual excesses it becomes alkaline, a condition which is favorable to the gonococcus. Regarding treatment, he strongly advocated local irrigation with a fountain. In gleet the gonococcus is embedded in the mucous mebrane. The situation is often one to two inches from the meatus. A strong solution of nitrate of silver will often cure such cases. Begin with a weak application and increase up to thirty or forty grains to the ounce if necessary. The mucous membrane is shed, and he had seen several cases cured in this way, one of seven years standing. Internally in these cases he used iron, ergot and strychnine.

Dr. Murphy stated that in women iodine in the great majority of cases is a sure cure. In male cases he uses thirty to sixty drops of tincture of iodine in four quarts of water. Continue for five to ten days in the form of irrigation. In female cases applications of strong tincture of iodine cured gonorrhœa.

Dr. Kirkpatrick thought Dr. Campbell's dictum stating that iritis generally indicated gonorrhœal origin of rheumatism was not borne out by his experience. Iritis may come from rheumatism, gonorrhœa, syphilis, tubercle and traumatism. In ophthalmia neonatorum and gonorrhœal conjunctivitis, nitrate of silver is about the best. The nurse should never leave these cases, ice, weak bichloride or boracic acid being used constantly, and nitrate of silver applied once or twice daily.

Dr. M. A. B. Smith believed that strong injections used early in gonorrhœa were liable to set up orchitis. Cleanliness was very important, and he advocated the use of a child's stocking with cotton-wool in the toe to catch discharge.

Dr. Mader also referred to the importance of some sort of a bag applied over the penis to allow discharge to flow freely. He mentioned a case of gonorrhœal endometritis and salpingitis. He thought tendo-synovitis quite common from gonorrhœa, especially in workmen, e. g., a blacksmith. He was of the opinion that gonorrhœa contracted from a woman having syphilis would communicate syphilis, and thus the case referred to by Dr. Jones might be accounted for.

Dr. Curry referred to a case of acute gonorrhœa in a woman whose husband had been away. He used nitrate of silver, 30 grains to the ounce. With the use of Ferguson's speculum he had applied it by means of a sound and cotton-wool to the interior of the uterus. A vaginal douche was then ordered and the disease was aborted. He thought that gonorrhœa affected the vagina primarily, and different authorities speak of gonorrhœal vaginitis. He believes that in all cases the vagina is the first part affected. The books teach that we should paint the cervix to prevent its further spread.

Dr. Ross, in closing the discussion, said that non-specific urethritis gets well quickly and the symptoms are milder, while the time it appears after coitus is shorter. To distinguish the two forms the microscope is the only sure way. Some persons have chronic gonorrhœa without knowing it, particularly when situated in the posterior urethra. In early irrigation take care not to have the fluid too hot, as otherwise the epithelium is apt to be destroyed.

Matters Personal and Impersonal.

Surgeon-Captain Drew-Moir, who has been on this station for some years, recently left for England.

Dr. D. Murray, of Lower Stewiacke, has joined the army of benedicts, having lately been married to Miss May Irvin of the same place. The NEWS extends congratulations.

Dr. C. B. Munro, of Wallace, left early this month for Southern California on account of ill health. The evening before his departure, about eighty of his friends, both male and female, tendered him a complimentary reception and supper. The gentlemen presented him with a handsome gold-headed cane as a token of their great appreciation, and a fine travelling portfolio was presented to him by the ladies, accompanied by a suitable address.

Messrs. Fairchild Bros. & Foster have issued a neat little physician's visiting list. It can easily be carried in the vest pocket and may be started at any date.

AN ITALIAN ALIENIST has been making an interesting study of the dreams of hysterical and epileptic patients, and claims to have found that out of 53 cases of grave hysteria 35 were fair dreamers, 10 great dreamers, and 8 did not dream at all. Frequent dreaming was associated with light sleepers, the more profound sleepers not dreaming at all. In 45 cases of *grand mal* there were only 10 dreamers. In 21 cases of *petit mal* 16 were great dreamers, 4 fair dreamers, and 1 (a sleep-walker) did not dream at all. In the hysterical, dreams of pain and anguish were most frequent, then those of fear and terror. As to the character, the dreams of large animals predominated, while in alcoholism the dreams are of tiny animals, " micro-zooscopic." The dreams of epileptics were fewer from terror and animal fears, and erotic dreams were more constant. With epileptics the dream vision is brief and simple ; in hysteria it is romantic and complex, and in this relation it is suggested that the sex is a determining factor—the hysterical subjects being women and the epileptics men.—*Health.*

Book Reviews.

THE SEXUAL INSTINCT, ITS USE AND DANGERS AS AFFECTING HEREDITY AND MORALS.—By James Foster Scott, B. A. (Yale), M D., C. M. (Edin.), Late Obstetrician to Columbia Hospital for Women, and Lying-in Asylum, Washington, D.C. ; late Vice President of the Medical Association of the District of Columbia, etc. Published by E. B. Treat & Co., 241-243 West Twenty-third Street, New York. Price $2.00.

As pointed out in the introduction, this book contains much plain talking, for which the author offers no defence, its justification being found in the body of the work. Its purpose is "to supply the reader with all the scientifically accurate teachings which relate to or bear upon a life of immorality, and he shall be left to weigh the results and the conclusions according to his own judgment. The author's aim is not to preach, but to teach, and to present the truth in its absolute form without distortion or bias."

It is gratifying that such a work should have been undertaken by a writer who deals with the subject in a truly scientific manner and yet writes with that clearness that can be easily grasped by the class of people for whom it is intended—the non-professional man. Among the chapters ably dealt with in this book are "Physiology of the Sexual Life," "Consequences of Impurity," "The Regulation of Prostitution," "Criminal Abortion," "Gonorrhœa," "Syphilis," "Onanism," etc. There have been works published heretofore aiming at giving man a knowledge of himself, but there is no hesitation in stating that Dr. Scott's book is by far the ablest and most comprehensive work that has come to our notice. The book is intended for laymen—not for women or boys.

We would strongly recommend physicians to secure this work, and after reading it carefully we are sure that they will earnestly advocate its perusal to that class of men for whom it is written.

DIET FOR THE SICK.—By Miss E. Hibbard and Mrs. Emma Drant, matrons at two large hospitals in Detroit. 103 pages; board sides, postpaid, 25 cents. The Illustrated Medical Journal Co., Detroit, Mich., publishers.

This is the third edition of this handy and popular little bedside book. The recipes for sick dishes have all been tried, and are those largely used by the Detroit hospitals where the two contributors of them served as matrons. Added to these are various diet tables, as for: anæmia, Bright's disease, calculus, cancer, consumption, diabetes, dyspepsia, fevers, gout, obesity, rheumatism, uterine fibroids, etc., as given by the highest authorities. Everything is given in a nutshell, and on every page is found valuable items of information. The booklet is intended to be given to the family by the physician, and for such purposes one-half dozen will be sent, postpaid, on receipt of $1.00.

PAMPHLETS RECEIVED.

Are Complete Castrates Capable of Procreation?—By F. R. Sturgis, M. D., New York. Read before American Association of Genito-Urinary Diseases.

Iritis: Its Treatment. Strabismus: Mules's Operation.—By L. Webster Fox, A. M., M. D., Philadelphia.

Injuries of the Eyelids and Eyeballs.—By L. Webster Fox, A. M., M. D., Philadelphia. Clinical lectures delivered to students of Medico-Chirurgical College.

The Caustic Action of Arsenic in Treating Carcinomatous Growths Accessible from the Surface of the Body.—By C. W. Simmons, M. D., Philadelphia. Reprinted from the *Hahnemannian Monthly*.

Diseases of the Ear as a Specialty.--By Emil Amberg, M. D., Detroit. Read before Wayne County Medical Society.

Some Sources of Failure in Treating Lachrymal Obstructions.—By Leartus Connor, A. M., M. D., Detroit. Reprinted from *Journal of American Medical Association*.

Early Diagnosis of Cancer of the Stomach.— By Charles D. Aaron, Detroit. Read before Detroit Academy of Medicine.

Caries of the Teeth and Diseases of the Stomach.— By Chas. D. Aaron, M. D., Detroit. Reprinted from *Charlotte Medical Journal*.

Diarrhœa and Bacteria.—By Charles D. Aaron, M. D., Detroit. Read before the Northern Tri-State Medical Association.

Matters Medical.

THE INDISPENSABLE.

Said the bottle to the graduate
 " We make a healthy pair,
You measure what I give you
 With exactness and care."

" Now I've always held the potions
 That the Doctor mixes up,
While *you* are just usurping
 The rattling spoon and cup."

Up spoke the Bedside Record ;
 " I'm the latest thing that's out :
And of all the Doctor's allies,
 I'm most helpful, there's no doubt."

Then the clinical thermometer
 Stood squarely on its end,
Said he : " Look here ! I reckon
 That *I'm* the Doctor's friend."

" Who could tell him so correctly
 Everything that he should know,
The exact heat of the body,
 And how the pulse would go ? "

The hypodermic needle
 Then loudly did declare
That he was the swiftest agent
 To free a soul from care.

"That the doctors always use me
 To quiet the hardest pain,
Proves even to the patient
 That *I'm* the greatest gain."

At this the pills and powders
 Began to grasp for air ;
The patient pulled the bell-rope
 And quickly said a prayer.

In came the white-capped nurses,
 In came the doctor, too,
" The patient's pulse is higher
 Give her powders 1 and 2."

" Make the room a little darker ;
 Bathe her forehead, smooth her hair;
All she needs is rest and quiet
 And a nurse's tender care."

So of all these boastful agents,
 Though we use them every day,
If we had to, we could spare them,
 'Spite of all that they may say.

But, of all the late inventions,
 Don't you think for half a minute
Of a doctor 'thout a patient—
 For he simply " isn't in it."

—Mabel L. Stuart in *Journal of Medicine and Science.*

A remarkable operation has been performed at Arras upon a young miner who had accidentally swallowed a five-franc piece. He got the coin safely down his throat, but it lodged in the stomach, and all attempts to get rid of it were unavailing. The patient was accordingly operated upon. A large incision was made in his abdomen, through which the stomach was carefully drawn by means of a wire. A small slit was then made, just sufficient to allow the coin to pass, and it was extracted without difficulty. The stomach was then sewn up and replaced, and the abdomen also. The operation was completely successful, and the patient is now making rapid progress towards a complete recovery.—*Health.*

CHRISTIAN SCIENCE AND THE LAW.—"Christian science," which may have been prophetically referred to by St. Paul when he wrote to Timothy about "science falsely so called," has apparently made itself amenable to the criminal law in England by the proceedings that preceded and it would seem safe to say directly caused or insured the death of an eminent litterateur. The sacrifice of one valuable life has at last called the attention of the public to the delusions which might perhaps have worked disaster to many more obscure individuals without such effect.

It seems strange that a man of culture, of such penetrative judgment, as some of his writings would imply, as Harold Frederic should have been a willing victim to what ought to seem to any practically minded man a very transparent delusion. While the fact is hard to account for, assuming him to have been in mental health, something may be allowed for the common and, as it were, very natural affection of the judgment in even any form of bodily disorder. We are all of us apt to be hardly our normal selves under the influence of sickness, and even an educated and thoroughly well-balanced physician, to assume an extreme case, might, under certain circumstances and with certain surroundings, allow himself to be treated by altogether unorthodox and unscientific methods. There is, moreover, a remnant of superstition in all of us, and irrational prejudices and beliefs crop out in the most unexpected quarters. As a scientific investigator who has been amongst the foremost in discussing and developing some of the most important biologic questions, Mr. A. R. Wallace ought, it would seem, to be qualified to express a correct opinion on sanitary subjects, but we find him raving against vaccination, a preventive measure that has stood the test of one hundred years since Jenner's announcement of his discovery, and which has rendered comparatively harmless one of the greatest scourges of our race. With such examples as this, one need not be surprised at any vagaries on the part of the public or of less prominent individuals.

So far as known, there has not been a conviction for manslaughter of a Christian scientist in this country, though occasions for such an event have certainly not been wanting. In so far as the devotees of this delusion actively interfere to prevent the necessary remedial measures and the patient dies in consequence of this, it is hard to see how, with any reasonable interpretation of the law, they can escape its penalties. They certainly in some cases, like that of Mr. Frederic, prevented what might and probably would have saved life. The case may be different as regards the standing of Christian science where life is not involved, and we do not see the correctness of the conclusion in a recent editorial in the New York *Sun*, that, because a court held that contracts for such treatment are valid, the same court would necessarily hold that a charge of neglect and of manslaughter would not lie if death occurred under the care of a Christian scientist who it could be proven, excluded rational measures that presumably would have saved life. The civil and the criminal sides of the question may differ to some extent, but where the charge of criminal negligence or worse is raised, it would necessarily have to be seriously considered by any court, and it is not easy to see how well proven evidence of this character could be managed so as to evade the penalty of the law. Judges and juries are fallible, however, some of them may be ardent advocates of Christian science, and it is difficult to say how these facts may distort judicial views and verdicts in special cases.

It will be interesting to follow the proceedings in the Frederic case and to see how British justice deals with the matter; the prominence of the victim and the special issues involved will tend to make it a *cause celebre*. If conviction follows, the status of the delusion in English jurisdiction will be materially affected and it would seem improbable that it could derive any benefit under the plea of persecution if the facts were fairly published and understood. The results of a similar prosecution which has just been instituted in Cincinnati will also be followed with interest by the medical profession and the public generally.—*The Journal of the American Medical Association.*

THE BORDER LINE OF SANITY AND INSANITY.—This line has never been definitely fixed. Maudsley says:—"It would certainly be vastly convenient, and would save a world of trouble, if it were possible to draw a hard and fast line, and to declare that all persons who were on one side of it must be sane, and all persons who were on the other side of it must be insane. But a very little consideration will show how vain it is to attempt to make such a division. That nature makes no leaps, but passes from one complexion to its opposite by graduations so gentle that one shades imperfectly into another, and no one can fix positively the point of transition, is a sufficiently trite observation."

It is with those who dwell near this border line that science receives her greatest perplexities. When crimes are committed by those who are near this line the great question has been—on which side of line have they been? The question of responsibility is determined by an attempt to find the line, and to find out on which side of the line the deed has been committed.

There are many men who are sane, but who live near the border; a slight trip or stumble, and they are liable to be thrown over the line into the land of insanity. Let such a one live properly; let him attend regularly to the laws of his being; let him eat proper food, take proper drink, and have his proper sleep, and he passes through the world as a sane man. But let that man be thrown into mental worry; let him meet with reverses in business—and he loses his equilibrium, and becomes insane. Let that man drink spiritous liquors to drive away dull care—his weak will-power becomes weaker; his habit of drinking now overcomes him: he swears by all that is good he will leave it, but he is soon found again under the influence of the intoxicating bowl. Let that man commit some deed of violence while in an intoxicated spell; we shall not discuss the question of responsibility—but on which side of the line is he? He may be paralysed in speech and ideas, or he may be furious with rage, or wholly insensible; or he may suffer from delirium tremens, even when he has ceased drinking perhaps for days. Besides, his delirium tremens may run into an ordinary insanity with delusions, and he may lapse into dementia and utter obliteration of memory and mental power, from which he may never emerge.—*Health.*

Sanmetto in Urethritis, Cystitis, Prostatic Enlargement and Enuresis.—I gladly write my opinion of sanmetto. For two years it has given results which are perfectly satisfactory. Have had equal success with it in urethritis, cystitis and prostatic enlargement, and phenomenal success when using it for incontinence of urine, both in children and old people. If in medicines we have specifics, then sanmetto I regard as one in enuresis.

Bourbon, Ind.
C. M. Harris, M. D.

Douche for Nasal Catarrh, Ozæna, etc.—

℞ Antikamnia and Codeine Tablets, No. xxiv.

Sig. Crush and dissolve six tablets in a pint of tepid water and use one-third as a douche three times a day. Shake well before using.

Snuff for Acute Coryza, Rhinitis, etc.—

℞	Acidi Borici Pulv., - - - -	ʒi.
	Acidi Salicylici, - - - -	gr. vi.
	Antikamnia (Genuine), - - -	ʒi.
	Bismuth Sub. Nit., - - - -	ʒii.

Mx. Sig. Use as snuff every one, two or three hours, as required.

A Desirable Antiseptic.—As a deodorant and antiseptic for the sick room and for the dentist's office, listerine stands pre-eminent. While it is equal to any and superior to most of the agents commonly used under such circumstances, it adds an agreeable aroma instead of an offensive odor to the surroundings; and is particularly well-adapted to the lying-in room. It may be freely used in spray or lotion without stain or irritation as an agreeable and effectual detergent. It is also specially commendable in weak solution, as a mouth-wash and gargle for aphthous sores or a fuugus condition of the gums, and bad breath; and for certain forms of indigestion—those accompanied by disagreeable eructations—a few drops of listerine in water is a particularly grateful and excellent remedy. Moreover, according to a series of "Experiments upon the Strength of Antiseptics," by Dr. A. T. Cabot (*Boston Medical and Surgical Journal*), listerine compares favorably with the most reliable agents for the rapid destruction of micro-organisms.—*The Sanitarian.*

THE

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Original Communications.

TUBERCULOSIS IN ANIMALS.*

By James H. Frink, V. S., St. John, N. B., Veterinary Inspector for Department of Agriculture, Canada.

Mr. President and Gentlemen:

A few weeks ago, your most worthy President invited me to prepare a paper on "Tuberculosis in Animals," for presentation at the weekly meeting of your society. Aware that the subject was of great magnitude, in some way I unwillingly said yes to the invitation. Brief consideration convinced me that I should turn back and apologize for my temerity, again counteracted by the thought that indolence is not a virtue, and laziness is a crime. I do not propose in this instance to stretch out the prologue, but I have to ask you not to measure my remarks on the subject of tubercle too critically, as the time of preparation was short. And having been obliged, for a score of years, to rub against the essentially practical side of life, I find that any attempt at essay writing on my part, still keeps me within the bounds of the school, and my remarks will have to be judged accordingly.

It will not be necessary to dwell at any length on the history of tubercle, and it will suffice for present purposes to state that it first received attention in the middle ages, and state recognition, as a disease of animals to be guarded against, in the sixteenth and seventeenth centuries—if we except the prohibitory enactments in the Mosaic law, which enactments are frequently credited, correctly or not, to the consumption of tuberculous flesh; nevertheless it was strictly enjoined that such flesh might be fed to the stranger within the gates and to aliens—questionable hospitality. Be that as it may, not until the present century did the disease in animals receive the recognition and study it demanded, and while many earnest investigators bent their energies toward its solution, it may be said without any disparagement of their labours, that they have been quite overshadowed by the results obtained from bacteriological research, and notably by the positive demonstration of the bacillus, its life and work, toward its close. We now can see by optical helps the motive power, not only of tubercle, but the bacilli of anthrax, glanders, swine-plague, actinomycosis, and a host of others, and enabled to watch their propagation and multiplication in and out of the animal economy, and by the cultivation of these by scientific means, we have been able, in some instances at least, to combat and defeat organized raids into territory congenial to them, and in which they have claimed exclusive rights. Having this knowledge, sanitary science and police, emerged from the darkness which hitherto has enveloped it, and can with much greater intelligence and tact marshal its forces against the diminutive, but by no means an impotent enemy. This is an achievement, but not a final one.

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* Read before Saint John Medical Society, November 23rd, 1898.

Savages and wild animals, which have not come within the inner sphere of civilization are, as we know, exempt from tuberculosis, while brought within this sphere they prove most susceptible to its ravages. And thus having passed the stage of assumption, it is proven that man in his departure from savagery even to a condition of primitive civilization becomes the bearer of a destructive process, which finds nourishment just as long as he abstains from pursuits and a mode of living which makes the existence of this process intolerable. It is not for one moment assumed that all men who departed from savagery became tuberculous, but then, as now, degrees of receptivity existed. But certain it is that by him and through him it made its entrance known. It is a laudable ambition for him to unceasingly seek means to control and possibly crush the invaders, which even yet cuts wide, clean and close to the ground.

Turning now sharply to the subject in hand, it may be said tubercle exists in all domesticated animals, its existence being chiefly observed in the following order: cattle, fowl, swine, rabbits, guinea-pigs, dogs, horses, sheep, apes, lions, tigers, deer and reptiles.

Of all animals, cattle are the most susceptible, proving a most acceptable habitation to the bacillus. The disease is widespread in fowl and feathered tribes, although it is clear that microscopists have asserted that the bacillus of avian tuberculosis does not present the same characteristics as the bacillus of other animals; this statement has been contradicted by others equally as eminent. The difference of opinion is concentrated on minor points, and is so finely drawn that it does not detract from the practical value of the statement, that the bacteriological conditions are similar. Rabbits and guinea-pigs are prone to tubercle, and the ones generally chosen for experiment, as they have given abundant evidence of remarkable receptivity to the bacillus, either by ingestion of tuberculous products or inoculation from without. Swine acquire the disease rapidly by the consumption of tuberculous products. Horses for all practical purposes may be considered immune, but technically they are not, for of late years quite a number of well authenticated cases have been recorded, and the bacillus identified. It must therefore come under the ban, although the transmission of the disease from the horse to other animals experimentally, I believe, has not been very successful. The dog should be placed in the same category as the horse, practically immune, yet proven that it can be a bearer. The sheep, to whom the world of commerce owes so much, may, as far as our knowledge goes, be considered the least susceptible of all our domesticated animals; that while the most exacting scientists claim numerous finds in the field of microscopy, tubercle has never made its presence appreciable in the vast herds of these animals which roam over the earth's surface. This may be explained, that although of a docile nature, they live, thrive and delight on mountainous and rolling country, live out of doors—if they can get out—in the coldest climates, and come less into direct contact with the influences which give the bacilli a halt, if not a home. Apes, monkeys, lions and tigers readily contract the disease in menageries and other places of confinement. Having made known the animals in which tubercle is chiefly found, and in which we are largely interested, it will be necessary to notice briefly the histological and pathological conditions.

In primary tuberculosis, we find the disease places itself in evidence in the majority of instances in glandular structures: the laryngeal and retro-pharyngeal in the superior cervical region; the bronchial, mediastinal and adjacent glands of the pleural reflections in the thoracic cavity; the liver, spleen, kidneys, mesenteric glands in the abdominal cavity; the mammary, pudic, and inguinal glands, without. The tracing of the bacillus from the time of its inception and its subsequent carriage by wandering cells to a suitable apartment may be somewhat obscure, although we know the bacillus does make preliminary invasion in the lungs with absolute establishment. The great majority of instances wherein the disease is first made manifest leads to the conclusion that the bacilli gravitate either by choice or accident to those glandular structures, and they must be considered, as far as animals are concerned, recruiting depots.

Leaving the bacillus for the time being, as it is outside the range of this paper, to transgress or trespass on territory in which even the most daring investigators have become mixed, I will endeavour to keep on firmer ground, and avoid as far as possible speculative theories as to the manner in which the bacillus carries on its primary constructive work; and while its study at this stage may be advantageous, my observations have been more generally centered on results. And the first result presented from the invasion of the bacillus is the formation of nodes, very frequently indeed in the minor and major lymph glands; at first slightly congested, red, soon turning gray in the centre; later, disintegration with caseous deposits. These nodes have a tendency to remain firm and often assume a calcareous condition, gritty to the knife; the lime deposits are seen with the naked eye, clear and white. The frequent existence of tubercular foci, heavily charged with caseous deposits, would lead one almost to believe that these exist before the formation of tubercular knots, but we know this cannot occur until their centres become necrotic; and when this caseous condition does exist extensively in the substance of an organ it must be ascribed to caseous infiltration from a large herd. Again, these nodes assume a distinctly fibrous appearance and may be found in advanced cases of general tuberculosis, particularly in the costal pleura. I have only noticed this latter condition twice on post-mortem, although it is spoken of in text-books as being frequent. In the more advanced cases of tubercle we find the disease, not only in the glandular structures but in the parenchyma of the lungs, peritoneum, uterus, articulations, and occasionally in the membranes of the brain and spinal cord. I do not wish to convey the idea that tubercle in animals is never found in the lungs without an invasion of the glandular structures, for it is frequently found so. Yet in holding post-mortems for tubercle, if the disease is not observed at first sight, the operator almost intuitively searches for the disease in the bronchial and post-mediastinal glands, for his experience leads an examination into them, for there the disease finds a most congenial location. In tubercular lesions of the glandular structures contained in the abdominal cavity, my observation has led me to believe that the mesenteric glands are more frequently affected, and the calcareous condition, so often found in the thoracic cavity, becomes less distinct as we leave it, although I have noticed an almost complete calcification of the ovary. Occasionally one will find in a reflection of the peritoneum, a single isolated node, red and congested, rough and irregular in outline, spotted here and there with sharply drawn tubercular foci. Why this departure from the regulation form, I am unable to determine. Again, a close examination for tubercle may alone reveal a small but peculiar deposit deep in the substance of the liver, or other large glandular structure, standing out clearly against the darker background, ever crushing against their boundaries, ultimately coalescing, necessarily so, for it cannot admit that anything has yet been produced to effectually stop their march. One may see with the unaided eye twenty or thirty of these foci within a radius of two inches, and in one case, on which I held a post-mortem, (a young animal) which presented a marked temperature reaction after inoculation with tuberculin; this alone was presented as a pathological condition after a close examination of all the tissues. As previouly stated, tubercular formations are sometimes observed only in the lung substance and an entire absence of disease in the thoracic glands; tubercular growths divided into chambers, some containing caseous deposits, the walls of others calcareous; the cavities in some cases containing a quantity, greater or less, of dark sticky mucus. This condition does not obtain notice in the text-books, and I am of the opinion (and some one always runs counter to my opinion) that this exudate receives its color from the inhalation of dust and dirt or possibly from degraded pigmentary matter. The true tubercular cavities found in the human being are not frequent in the lower animals, if I have a correct understanding of the pathological conditions observed in human tuberculosis, and in this view I am supported by many observers of the disease, in man and other animals, although I have seen many cases in which the analogy was very close. The post-mortem examinations of general tuberculosis offer the best field for the study of the disease in animals—tubercle in all stages of growth and decay—the young budding tuberculous knots, rich in bacilli, calcareous deposits, the quick march, in even membrane or structure specially stamped by marked congestive and some inflammatory products, in contrast to the slow methodical tramp in its fellow. The thousands of pearly, not infrequently translucent tubercles, which crowd themselves into view when the abdominal walls and peritoneum are laid bare, all offer unlimited opportunities for the study of the disease. Tubercle in the mucous membrane of the trachea and larynx is occasionally noticed when the disease is general and also in the sub-maxillary glands. Tubercular orchitis is rarely seen. It will not be necessary for me to go on and enumerate or define the minor differences found in other domesticated animals.

The Bacillus.—The history of the bacillus is so familiar that any repetition would not only be superfluous but tiresome. But it will be enough to say that the bacillus found in cattle, swine, dogs, horses, and other domesticated animals is identical with the bacillus found in man. In the thousands of inoculative experiments carried on to ascertain the transmissibility of the disease, indisputable evidence has been furnished by the direct inoculation of tuberculous products; and by inoculation with bacilli from cultures that the disease can be transmitted with the greatest certainty. And although no direct proof of its transmissibility from these animals to man by inoculation has been attempted—as yet no man has offered himself a willing sacrifice—it will be altogether unnecessary for any one to do so, in our present knowledge, in possession of the certainty that the bacillus is not a result, but the sole cause of tubercular disease. Stripped of every vestige of its environment it emerges distinct, alive, but without motion. Changed from one culture tenement to another, it becomes each time of moving vigorous as before, and even in remote cultures, quickly develops the disease in the system where it has been introduced, either by ingestion or direct inoculation from without. Thriving in the normal animal temperature, they (animals) are its natural habitation.

Tuberculin.—While the product obtained by Dr. Koch in his laboratory after years of patient search and toil did not reach its destined mark—and we are all familiar with its rise and fall, likened somewhat unto King Richard the Third, "Sent into the world before its time scarce half made up"—it proved itself neither agreeable to its formulator nor to the multitude of patients who had it injected into their system indiscriminately, at fabulous prices, in many cases only to hasten their destruction. And although it has been packed up, shelved and labelled "fossil," I trust to see the day when it may be taken down and passed through the crucible of science again to see if possible good cannot be found in it; if not direct, that it may open a door which even to-day remains hard sealed. It has served to teach one purpose—the positive diagnosis of tubercle in animals which supply us largely with food and nourishment. The physical signs of tubercle in cattle and other animals are very remote indeed. The symptoms of tuberculosis as given in text-books are by no means diagnostic, and practically lead nowhere. Auscultation and percussion of the human thorax I believe is now an exact science; however much inexactness is attributed to medical science as a whole, practitioners of human medicine having the normal and abnormal sounds correctly defined, active symptoms, the microscope if necessary, and previous history do the rest. It is different with animals, particularly the larger ruminants, to definitely locate diseased areas by auscultation and percussion, and worse, our dumb friends; although they may be able to communicate with their brethren by divers sounds and gestures, they are of no use to their masters.

At the time tuberculin was used as a remedy for disease in man, it was observed that from twelve to twenty hours after inoculation there was a marked elevation of temperature, from two to four degrees, in persons actually affected with tubercle. This elevation of temperature was not observed in others, and after close physical and microscopical examination it was determined that these persons in whom no increase of temperature was observed were actually suffering from sporadic disease—at least not tubercle, although I believe persons far advanced with phthisis do not show reaction. The veterinary profession were not slow to recognize a possibly valuable diagnostic agent for tuberculosis in animals, and it soon had an established reputation. It is now generally used to this end. That tuberculin does not contain actual bacilli is well known, but instead the chemical products realized by their disintegration, establishes the object sought for by adding to the system (already tolerant of the amount possessed) further addition of these products, thus causing constitutional disturbance and a distinct elevation of the animal temperature, subsiding in from twelve to twenty-four hours, —sometimes a few hours longer—after inoculation. A distinct elevation of 1½ degrees is considered indicative of tuberculosis, yet it requires judgment, the fruit of experience, to measure all the surroundings, before condemnation of the animal. The action of this agent is so reliable that after the most careful examinations verified by post-mortem, 96 per cent of animals, in which temperature reaction has been observed, have been found tuberculous. The test is so delicate that it will hunt out tubercle, even to an infinitesimal degree, and often its presence is not evidenced macroscopically. That it hastens the growth of tubercle in the majority of cases, I think is agreed upon by close observers and my individual experience at Rothesay tends to confirm the statement. Tuberculous animals, which looked tolerably well before inoculation, went to rags altogether a few weeks after, even showing cerebral disturbance, while again I have seen a very few animals, which have revived and become fat and hearty—probably due to a reparative process, excited by the introduction of the lymph. It has been argued by prominent men, that there is a possibility of producing tuberculosis by its introduction in a healthy animal. I am not able to successfully combat this statement to a finish, but think it very improbable. All evidence goes to show that this possibility is not to be feared. In my own experience I have tested and re-tested animals with tuberculin, and have found no elevation of temperatures, or the slightest physical symptoms, and this holds good in the experience of others with the most extended observation.

Infection, Heredity, etc.—I have designedly affixed the term et cetera to this paragraph, as there is a good deal of that quantity in it. I know well, gentlemen, that I am walking on prickly and thorny ground, when I speak of heredity, infection, and when speaking of these subjects, I purpose making some departure, or rather will relate, as I proceed, some homely observations of my own. They will not be illuminated with the brilliant technique, daily read in current medical literature, neither will they bulge with unwieldy statistics, for I understand that your honourable society views statistics much as professional politicians do—ever ready, always unreliable, the dose varying with the idiosyncrasies of the patient, but they will contain facts, although facts are not always valuable, often ineffective. Hereditary transmission is generally discredited; hereditary predisposition—a handy thing in argument, generally accepted; infection, positively.

Speaking of hereditary transmission in animals, about twenty years ago—being then young and fresh in practice—a farmer and dairyman, living near this city brought for my inspection a sett of lungs from a cow which had died on his premises. Lungs in cattle are commonly called setts, in man I presume they go by pairs, but the ox has six divisions in his. The farmer opened with the remark that these lungs, which he had taken from the animal, had "all grown up," meaning by that that the lungs had become infiltrated with tubercle, and that the calcareous and caseous conditions, usually associated with tubercle had not only extended to the larger bronchi, but had forced themselves well on to the trachea. Although a young man, I was not slow to recognize the disease, and my interest was correspondingly excited. On further questioning, it was elicited that this animal was one of many of the same family which had been prized for its rich breeding Other breeds as far as he knew were exempt. However, the sire of these animals was maintained on the farm. About 1888, I proceeded to Kent Co., to examine some cattle owned by a gentleman of your profession, which were suspected by him to be subjects of tubercle. These animals had died before my arrival. The remaining viscera gave abundant evidence of tubercle, and on further enquiry, I found that they had been purchased from a well known farmer and dairyman, near St. John. The remaining cattle on this dairyman's farm had either died or had been sold or slaughtered. In 1896 I was again in Kent Co., to investigate an alleged outbreak of zymotic disease. A brief physical examination convinced me that the disease was tubercle, and this was confirmed in a measure that they were highly prized, the oldest of the animals having been purchased from a well known farmer and dairyman living near St. John. The tuberculosis test did the rest. But there was one yearling bull in the lot which had been imported from Montreal, about seven or eight months before my visit, of no kith or kin to the rest. In a short time it was tested, a normal temperature of 101° F, before inoculation, 106° F, next morning—tuberculosis, sure. Here was evidently a conflict, and the theory of heredity, which my experience had led me to think was credible, received quite a shock. It had been almost impossible to raise calves to maturity on the farm, although this was in some cases successfully accomplished. Swine perished likewise—mysteriously to the owner, openly to me. One of the cows was taken out and killed. The post-mortem was so revolting to the owner that he decided to destroy the rest of them at a single stroke. Having accomplished this, they were dragged to a lime-kiln, cords of wood were piled around it and they were effectively banished from the face of the earth. In April 1897, I held a post-mortem examination on a pure bred Jersey cow at Rothesay, which had been suffering from a most advanced stage of general tuberculosis. In December I subjected two of this animal's direct progeny to the tuberculin test at Maugerville, which had been imported from Ontario. No temperature reaction was observed whatever. I have mentioned these circumstances to prove its infectiousness, and discredit the theory of heredity which in former years had strong claimants. I will refer once more to this matter. In 1896 I made an investigation for tuberculosis in King's Co. I found the herd largely composed of pure bred Jerseys and four store cattle taken in to consume the surplus feed, in preparation for the butcher ; some had been in the stable a few years, others a few months. Seventeen out of the twenty-one reacted briskly to the tuberculin test ; three yearlings and one two-year old stood the test. New cattle which had only been in the barn a few months were badly affected—that is to say by reaction from tuberculin, but I did not see these post-mortems ; being in fair condition, they were sent to the shambles. Could infection be more clearly proven ! And there is one statement which I would like to make, and that is—not having seen it noticed in veterinary periodicals, nor in the trackless forest of literature on the subject—that if a herd of animals have been continuously kept in one stable for two years, or even less, and on inspection for tubercle, one is found affected, it is not alone—there are more. And the ones in particular are those tied up on either side of the tubercle. Taking my own records and the official records of others, all are free, or a majority affected. Is tubercle congenital in animals ? It is, but rarely. Professor Bang of Copenhagen, and Nocard of France, men eminent in their profession, who have the greatest facilities for observation, state that the number is about seven in five thousand. I have not made the best of my opportunities in following up this subject, but am quite reconciled by observation in autopsies of foeti in the uteri of animals having suffered from contagious disease other than tubercle, in which it was plain to be seen, that the disease in question had been transmitted through the placental circulation.

Infection.—This may occur from the milk and flesh of tuberculous animals, the inhalation of the bacilli from the dried sputum and in other excreta, and by direct inoculation through an abraded surface. That the disease can be transmitted, with the greatest facility, to animals by the inoculation with bacilli from cultures, and by direct inoculation of tubercle direct from the human being, has been proven so often, that it admits of no controversy whatever. That infection to the human family by the consumption of milk and flesh of tuberculous animals, be possible or impossible, has given rise to endless controversy, even to bitterness. Commission after commission have deliberated over the question, and we have seen yet but little to show for their labours. The conflicting testimony of expert witnesses, no doubt, caused hesitation, and about the only decree which bears the mark of positiveness that has been issued, is that it is their belief that it is injurious only to drink the milk of an animal which has tubercle of the mammary gland.

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This is practically the decision of the Royal Commission, and though being one of the least of the lesser lights, I make bold enough to say, that it does not appeal to me as being altogether rational, although it has been often observed that eruptions on the smaller satellites seldom affect the greater luminary.

That swine are infected from consuming the milk of tuberculous cattle, I know from direct evidence and the choice of evidence—post-mortem examination. One day at Rothesay, when holding some post-mortems, a man was close by killing pigs, and when in the act of dressing one of them, my eye was attracted by a peculiarly marked spleen, which lay on the ground. I went over and examined it, and found it a mass of caseous tubercles. The animal had been fed from milk and offal from the cattle, upon which I was operating—veritable magazines of disease. Being out there a few days later on the same errand, I saw another pig, post-mortem revealing extensive tuberculosis of the lungs and spleen. In all the post-mortem examinations held there, I observed only one animal which had tubercle of the mammary gland, and this animal was not giving milk—rather strong evidence that infection can be carried from animals even if the mammary gland be not affected. Reports and statistics from both continents have made it certain that infection is easily induced in swine from the consumption of tuberculous products. If the gastric juice of the human stomach can annihilate the bacillus by contact, it is strange that swine have such feeble resistance, knowing that physiologically they are uncomfortably close akin to man. And it is equally certain, that calves fed on tuberculous milk, in many cases, do not reach maturity. Some do—only to be explained by the statement, that degrees of receptivity exist. It has been stated by many eminent men who have largely devoted their energies to the furtherance of bacteriological science, and particularly to the study of tubercle, that the bacillus is only dangerous when the mammary gland or the neighbouring pudic and inguinal lymphatics were affected, and if this is to be finally accepted, we must deny the existence of bacilli in the blood stream. I cannot reconcile myself that the investigations on this point have reached a finality. Surely diseased glands require nourishment, and the very fact of their being diseased demands an increased supply of blood, at least during active tissue metamorphosis. It certainly does not stand still, and it is difficult to conceive that it does not carry along with it more or less of the active agents with which it intermingles; this, of course, would be applicable to any tuberculous centre. This is, however, rejected and the consensus of opinion is that the disease is only carried in the lymph vessels.

And in some countries where sanitary regulations governing the matter are in force, milk is not condemned unless bacilli are found in the milk, or the mammæ gives specific evidence of the disease, the regulations requiring only that the milk of tuberculous animals shall be sterilized. One may unconsciously drink milk from these animals, but I think it would be difficult to make people in this country, at least, drink milk from this source, even if they knew the disease was merely localized, or that the milk from these animals had been sterilized by the most approved method. Whether the consumption of milk from tuberculous animals is actually able to cause infection in the human being, I am unable to make a definite statement, and the burden of this enquiry certainly rests on human medical science. Reports do from time to time appear in periodicals that the disease has been traced to milk from diseased animals, but these statements do not, as far as I am aware, bear official confirmation; that is to say, that these reports, are not systematically enquired into, by any Board of Inquisition, having powers from the State and under State control, to investigate this and many other prominent plagues, which entail untold misery, and cut short so many valuable lives. Every progressive country has its staff of trained men, to make ceaseless enquiry into the health of animals in their respective countries—experimental stations, bacteriological stations, rigid inspection and quarantine, to preserve the animal health. And yet in human medicine, results in the majority of instances come from private observation; possibly the profession is quite satisfied with existing conditions. In the absence of positive evidence, which would appear to be only obtainable under extraordinary circumstances, it remains only to accept the analogy, and I presume you do, unreservedly, that the bacillus is common to man, and the animals which he protects for his use; that by direct experiment, and by knowledge otherwise gained, that the disease can be distributed; that while his creation and mental superiority has made him lord over all these anatomically and physiologically, he and his dependents may be practically considered a unit.

This then is the ultimatum, that infection is only permissible when disease exists in the mammary gland, but it has been somewhat qualified in later years by placing animals suffering from general tuberculosis on the same list, even if the mammæ are not affected. This is admitting that it is dangerous to play with the devil in his entirety, but minor parts of his anatomy can be pinched with impunity. It is generally accepted that there is little danger from infection from eating tuberculous flesh, provided it is well cooked and thus destroying the bacilli, but the fact that the toxic products generated by the bacillus in its work may be capable of exciting latent disease in the consumer, has not, generally speaking, the attention which it deserves. On the continent tuberculous flesh is openly sold, but it is sold as such and distinctly labelled. In a dense population where meat is a luxury, even to those with living incomes it is no doubt a boon to obtain meat even if a little shady. It is said that there nearly every second man is a scientist of some sort and consequently he no doubt applies his technical knowledge even to the culinary department, and the thrifty housewife no doubt has the fullest confidence in his qualification to select a rib.

Now referring just a moment to reflection from inhalation of bacilli from dried spectum. It has been said that cattle do not expectorate—not in the same sense as human beings. The tubercular products in many cases are coughed into the pharynx and swallowed portions no doubt are forcibly expelled during the act of coughing. There are at times discharges from the nose: this is not constant though, and frequently unnoticed, as the cow and ox are by no means æsthetic, and invariably when suffering from nasal irritation wipe their noses with their prehensible tongues. And admitting that there is no visible discharge from the nose or mouth, it is quite clear that with a fair opportunity, during the violent expulsive efforts in coughing, numberless bacilli are suspended in the atmosphere. Certain it is that infection does in this manner occur. Bacilli have been found in bowel excretions in animals, and presume the same holds good in the human animal. And while the bacilli may remain in a sense quiescent, scattered about cultivated ground, they do find ready and acceptable hosts in the stable and among swine and fowl which root among the excreta of animals affected with tubercle. Dogs are also infected from eating the flesh and milk, but not very readily. But I have noticed myself, in this city, one become affected with tubercle which had the most disgusting habit of licking up the sputum from a man well advanced with phthisis, the dog being a very constant companion.

Having gone thus far it will be necessary to consider *Preventitive Treatment.*—I do not intend to dwell on the preventitive treatment established by the Bureaus of Animal Industry, or the special measures adopted by different State Boards of Agriculture, for the preservation of animals, but will rather confine my remarks as to the means which may be adopted to lessen the risk of infection to man from animals, and possibly, to avert infection of animals from man.

(1.) That all animals which contribute to the public milk supply shall be tested with tuberculin.

(2.) That milk from tuberculous animals shall not be used for human food.

(3.) That if milk from tuberculous animals is consumed, it shall be sterilized, and if exposed for sale it shall be so labelled.

(4.) That the milk and flesh of animals suffering from general tuberculosis shall be destroyed absolutely.

(5.) That cattle which have reacted to the tuberculin test, and on second test have given no elevation of temperature, they and their products, shall for the purpose of sale be considered tuberculous.

(6.) That men or women suffering from pulmonary tuberculosis shall not be permitted to attend cattle which contribute to the public milk supply.

(7.) That the refuse, swill, and garbage from hospitals, jails, and other public institutions which contain large numbers of people, be consumed by fire, and be not allowed as food for animals.

(8.) That on the determination of the existence of tuberculosis in a herd, no milk shall be sold from it, until the herd is purged from the disease. (While the Dominion Animals Contagious Act largely controls this section, it does not interfere with the local Sanitary Board.)

(9.) That as swine fed on the refuse of slaughter-houses are prone to tuberculosis, the public sale of their carcasses shall be prohibited.

(10.) That every carcass of beef, together with the viscera, shall be inspected, and if free from disease, so labelled and marked. (There is no inspection in this city except by the Jews.)

(11.) Every municipality shall own and control its own abattoir, and all fresh meats sold in the city shall be slaughered in it.

If these provisions were carried into effect, very little fear need be anticipated by the human family, of infection from animals. But the health of animals is being constantly menaced by tuberculous people. If consumptives are allowed to scatter ad libitum tuberculous discharges about public places, roads. stables and markets, it will be a fruitless task to attempt eradication in the lower animals, however much progressive sanitary science, (as applied to animals) may confine it. I doubt if there is a person in this city, of mature years, who has not been the host of the bacillus, yet in many cases it has found the soil hard and stony, in which to grow and proliferate, and thousands of animals share the same immunity—yet unfortunately how many fertile fields, in which it makes luxuriant growth to the end. Is it not discreditable to the councils which have vast powers over public health, that a policy of drift should be pursued in indefinitely, when it is known that the death-rate is exceedingly high, and that no organized effort is made to draw the fires and slow the engine down. Apparently the views of the extremist prevail, who contends that the Creator made nothing without a purpose, and the purpose of the bacillus is to crush out the weak ; the strong take care of themselves—veritably the "survival of the fittest," the strongest win.

I have to thank you gentlemen for the patience which you have exhibited in listening to a paper on a subject already threadbare and glossy, yet ever with us, and trusting that you will look generously on the many errors, academic and others.

I have to thank Dr. McEachran, Montreal, and the directors of many experimental stations in the United States for recent literature on the subject, and due credit is given for references to the writings of Professors Koch, Bang, Nocard, Arloing, Law, Walley, Fleming, McFadyean, Theobald Smith and others.

PROGRESS OF GYNÆCOLOGY.

By A. LAPTHORN SMITH, B. A. M.D., M. R. C. S., (England,) Montreal, Fellow
of the American and British Gynæcological Societies ; Professor of
Clinical Gynæcology in Bishop's University ; Gynæcologist to the
Montreal Dispensary ; Surgeon-in-Chief to
the Samaritan Hospital for Women ;
Surgeon to the Western
General Hospital.

GYNÆCOLOGY AT THE EDINBURGH MEETING OF THE BRITISH MEDICAL ASSOCIATION.

On the way to the meeting I had the pleasure of hearing an address by Martin, of Berlin, on the "Progress of Ovarotomy" in the last twenty years. It was a remarkable paper by a remarkable man. He has adopted the vaginal route to a great extent, and he closed his paper by giving the results of 131 vaginal laparotomies for diseased ovaries and tubes, and for retroversion, ovarian cyst and small fibroids, etc. Out of these 131 cases he lost 2. Since my return from Berlin I have performed a number of these operations at the Samaritan, Western, and at my private hospital with most gratifying results. These will be reported in full later on, but in the meantime it is of interest to note that all the patients operated by the vaginal route made a much quicker recovery than those by the abdomen. Although they included pus tubes, tubal pregnancies, retroversion with fixation cystic ovaries, and closed tubes which were opened, yet not one of the patients died. Another striking advantage was the absence of the abdominal scar and the pain from the incision, which these patients generally suffer from very acutely, was entirely absent. In fact most of these patients did not require any anodyne whatever. During the discussion at the recent meeting of the British Gynæcological Society, a gentleman reported a number of cases by the vaginal with bad results and the other speakers all pointed out with great stress that the vaginal route is not suitable for large tumors of any kind whether fibroids or collections of pus, because it is almost impossible to deal with the adhesions which are so often present in these cases. In properly selected cases I feel sure that the vaginal route has immense advantages over the abdominal one.

One of the most interesting figures at the meeting was Doyen, of Paris, who showed two new instruments ; one for automatically holding open the abdominal incision and the other his instrument for arresting hæmorrhage without ligatures by means of an enormously powerful crushing machine. The broad ligaments with the ovarian artery is seized and compressed for a minute with such force that it is completely crushed, and when it is taken off no blood flows. I was told in Paris that it was not to be depended upon as several times secondary hæmorrhages had followed. I would prefer to trust Dr. Skene's electric clamp, which dessicates the artery. One of the most interesting features of the meeting was a cinematographic representation of an abdominal hysterectomy given by Doyen, in one of the large halls of the University, at which there were over six hundred doctors present. He is a very rapid operator and has devised a new method which only requires four minutes from the first incision until the whole uterus, including the cervix, is in the dish. The salient features of his method is to put a clamp on the two ovarians and then to catch the cervix through an opening in the vagina in Douglas's cul-de-sac and draw it up forcibly, tearing it away from its connections laterally and to the bladder in front. The uterine arteries are thus distinctly brought into view and clamped.

He only takes two or three minutes for removing the uterus and some eight or ten minutes more are used in tying the arteries and closing the opening in the pelvic peritoneum. I had the pleasure of being one of eight or ten who saw Doyen do two total abdominal hysterectomies for fibroid in Prof. Simpson's service at the Royal Infirmary and he did one of them quite as quickly as the six hundred saw him do it by the cinematograph.

Another interesting figure was Monisanni of Naples, a gentleman very short in stature, about three feet six, but a giant in intellect, who gave an address on "Symphyseotomy," in French, who was followed by Dr. John Moir of Edinburgh, ninety-five years of age, who told of the improvements in obstetrics and gynæcology in his life time.

The hottest discussion of the meeting was on Dr. Milne Murray's paper on the "Use and Abuse of the Forceps," and incidentally Dr. Japp Sinclair's excellent paper read at Montreal last year condemning the too frequent and too early use of the forceps came in for a great deal of abuse. Dr. Sinclair stated that the forcep was responsible for a great deal of injury to women who were confined in the neighborhood of Manchester. It was evident that the majority of those present at the meeting were general practitioners who used the forceps to save time and did not want to be reproached for causing puerperal lesions. There were several interesting papers on the proper time for removing pus tubes and the general feeling was that it was safer to operate during the interval than during the attack as is also the case in appendicitis. There was also a very warm discussion as to the relative advantages of the abdominal and vaginal routes for removing pus tubes and the general feeling was that it was easier and safer to remove them by the abdomen. As disease of the vermiform appendix frequently complicates pus tubes it was pointed out that the possibility of having to remove it in any case was a sufficient reason of itself to induce us to operate by the abdomen. Dr. Macan, of Dublin, laid great stress on the importance of making a careful bimanual examination under narcosis before deciding upon the vaginal route. Landau of Berlin was strongly in favor of the vaginal route even for bad pus cases and he has the courage of his convictions for I saw him removing the uterus and both tubes and ovaries by the vagina in a very bad case while I was in Berlin. One thing was very evident on this occasion, that while it is difficult to remove large pus tubes even after the splitting of the uterus in two and consequently sacrificing it, it is well nigh impossible to remove them through an opening in either the anterior or posterior vaginal vault without removing the uterus. Some years ago I attempted to do this and was compelled to abandon it by the vagina and to complete the operation by the abdomen. This combined operation by the vaginal and abdominal route was the subject of a long discussion at the December meeting of the British Gynæcological Society. Dr. Arthur Giles summed up the general opinion very concisely by saying that the *raison d' etre* of the vaginal operation was to obviate the necessity of opening the abdomen, and that there was nothing that was done by the combined method that could not be done by the abdominal alone; consequently it seemed to him that to open the abdomen after beginning an operation through the vagina was practically a confession of failure, it meant that the operator had found himself unable to carry out his original intention. It was not his experience that abdominal operations for pyosalpinx had a specially high mortality, for it happened that a rather large proportion of his cases of abdominal section had been for pyosalpinx and so far there had been no death among them. I might add that my own experience agrees with Dr. Giles, as I have often been agreeably surprised to see patients recover from the most serious operation for pus tubes when neither the assistant nor myself had thought it hardly possible.

Conservatism in gynæcology has been receiving a good deal of attention during the last few months. Up to within a year or two ago it was the custom to remove both tubes and ovaries when even one tube was diseased, even though the other tube and both ovaries were apparently healthy. When this was done in young women the artificial menopause brought on so suddenly was accompanied with great inconveniences, so much so that many of these young women declared that they regretted having had the operation performed. This led us to remove only the tube and ovary on the affected side and although we occasionally were reproached for not making a complete cut by removing both, mostly in cases of sclerotic ovaries, yet these cases were much fewer than those who complained of the miseries of the premature menopause. More attention was then directed to the matter and now we frequently leave both ovaries in, even where we have to remove both tubes for suppuration. Nearly a year ago such a case came under my care. A young lady was infected by her fiancé with gonorrhœa leading to two very large pus tubes. He so regretted his crime that he was anxious to make amends by marrying her and she begged that I might leave her ovaries. The pus tubes were therefore removed without tying the ovarian artery or otherwise hurting the ovaries, except that the adhesions were stripped off them and they were carefully cleaned. This patient made a splendid recovery and is now very happily married. She menstruates regularly and normally and has all her womanly feelings and attributes. As I used catgut to tie off the tubes at the corner I would not be surprised to learn that she had become pregnant. In many other cases I have removed three-quarters of one or both ovaries and a part of one tube with very satisfactory results. As many of these were done during the last few months it is too soon to expect them to become pregnant, but there is no reason why this should not occur. Since beginning this article I have operated on a lady for retroversion with fixation, who was most anxious to have children. I found both tubes closed and imbedded in adhesions, the result of a severe attack of pelvic peritonitis from which she nearly died eight years ago. Both ovaries and tubes were torn almost to shreds by the exudations and nearly an hour was spent in patching them up with fine silk; but finally a good tube was left through which a probe could be passed into the uterus. She is making a remarkably pleasant recovery from the operation and I have yet hopes of her becoming pregnant.

THE

MARITIME MEDICAL NEWS.

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Editorial.

A SANATORIUM FOR CONSUMPTION.

We have received from Dr. A. P. Reid, the Secretary of the Provincial Board of Health, a circular descriptive of his ideas with reference to the construction of sanatoria for consumptives. Dr. Reid has had twenty years of experience in hospital management—fifteen years as the medical superintendent of the Nova Scotia Hospital for the Insane, and five years as the medical superintendent of the Victoria General Hospital—and this, added to his interest in hospitals during an additional twenty years of private practice, should certainly posit him a competent authority upon hospital construction. We, therefore, turn expectantly to his circular to learn the views which his varied experience has led him to adopt.

The circular at once indicates that Dr. Reid has lost none of his old time love for mechanical work, for, instead of a sketch of a building such as an architect would provide, we find that the doctor has himself erected a model of his ideal sanatorium and then taken photographs of the model. This explains a certain lack of finish in the illustrations, which are intended simply to illustrate a principle and not as works of art.

Dr. Reid's sanatorium would be, "in fact, 'a crystal palace' of iron and glass, a house within a house, or a house surrounded by verandahs, also of iron and glass, and each open to sunlight and air from all sides." The use of wood would be limited as much as possible. The supporting structure would be tubular and so arranged as to permit a hot water circulation through it, thus doing away with coils while assuring an equable distribution of warmth. There would be no cellar or basement. There would be no partitions of lath and plaster, but instead adjustable hanging screens reaching from a few inches above the floor to a height of six feet, so as to interpose no obstacle to the free circulation of air. This appears to us to be an objectionable feature for two reasons. In the first place curtains or hangings of any sort are to be looked upon as "matter out of place" in a hospital, as they certainly collect bacteria, and, in the second place, the use of curtains or screens cannot secure such a measure of privacy as many patients require, especially as the "disagreeability" of coughing and expectorating is so prominent a feature in wards for consumptives. However, the doctor's circular is not explicit as to details, and doubtless the minimization of these difficulties is a matter which has not passed unnoticed.

We can only mention these principal features in the proposed sanatorium. Space forbids any reference to the many minor points, which, in the aggregate, are of considerable importance.

The receipt of the circular recalls to mind the desirability, or perhaps we should say the necessity, of a proper place for the treatment of consumptives in our province. We have several times urged that steps be taken looking towards "state control" in tuberculosis, and we know of no measure which deserves more hearty advocacy than the erection of sanatoria for the treatment of this diseae. Proper provision for consumptives is demanded on humanitarian grounds, but it is also advisable on economic principles. It is unnecessary to repeat the arugments already on record in favor of our contention. We trust that the reward for importunity will not be delayed much longer. Is it always to be as unprofitable as whistling jigs to a milestone ?

* *

TUBERCULOSIS IN ANIMALS.

In this issue we publish a paper on the above subject by James H. Frink, Veterinary Surgeon, St. John, which we commend to our readers for careful perusal. The long experience and keen perception of the writer render this paper a valuable addition to the large amount of literature already written on this very important topic.

Society Meetings.

SAINT JOHN MEDICAL SOCIETY.

DEC. 7, 1898.—Dr. J. H. Scammell, Vice-President, in the chair.

Specimens of the bacillus of the bubonic plague were exhibited by Dr. Melvin. These specimens were prepared by Dr. Melvin while in England from a pure culture obtained from Nothnagel's clinic in Vienna.

Dr. Scammell reported a case of septicæmia, which appeared in the last issue of the NEWS.

The discussion on Dr. Hetherington's paper " Paranoia " was concluded.

DEC. 14, 1898.—Dr. G. A. B. Addy, President, in the chair.

Dr. McIntosh showed a woman with loss of sight of right eye. An intra-ocular growth, probably sarcoma of the choroid, could be detected.

Microscopic specimens of the bacillus of anthrax were exhibited by Dr. Melvin.

DEC. 21, 1898.—A case of a man aged 60, showing paralysis of the recurrent laryngeal nerve was exhibited by Dr. Ellis.

Dr. Wetmore reported a case of mutiple abscesses in a boy eight years of age. The abscesses appeared in various parts of the body. The pus on examination showed the presence of streptococci ; no tubercle bacilli were found. The boy became much emaciated and there was considerable elevation of temperature. Antistreptococcic serum was employed and iodoform emulsion was injected into the abscesses. Both methods of treatment appeared to be of decided benefit and recovery has followed.

JAN. 4, 1899.—A case of extensive scars about the face and neck resulting from a burn was shown by Dr. Scammell.

Dr. Foster McFarlane reported a case of osteo-sarcoma arising in a girl aged 14. There was no family history of malignant disease. Three months previous to seeing the case, the girl had fallen against a rock striking her hip. Soon a fullness was noticed in this region which rapidly increased. Examination of a portion of the growth showed it to be round-celled sarcoma. The frequency of injury as a starting point to sarcoma was referred to and was stated to be about 50 per cent.

JAN. 11, 1899.—Pathological Specimens.—Dr. G. A. B. Addy showed (a) an hypertrophied heart weighing thirty-five ounces. The principal symptom had been dyspnœa—cardiac murmurs had been absent; (b) large cancer of cardiac end of stomach. The subject had been treated for stricture of the urethra, and death was due to complications arising from the latter condition. The gastric disease had not been complained of.

A paper on "Leucocytosis" was read by Dr. Ellis and will appear in the NEWS.

JAN. 18, 1899.—A paper entitled "The Subjective in Education and the Future of the Medical Profession," was read by C. N. Skinner, Esq., Recorder of the city. This paper which was brilliant in character and highly philosophic in thought will appear, it is to be hoped, in a later issue of the NEWS. The Recorder received a hearty vote of thanks and upon adjournment was, with Dr. Frink, entertained by the Society.

JAN. 25, 1899.—Microscopic specimens of pernicious anæmia were shown by Dr. Ellis. Megaloblasts and vacuolated red cells were noticeable.

A case of diphtheritic suppression of urine was reported by Dr. T. D. Walker. The bacillus was found in the urine. Slides and cultures obtained from the case were exhibited by Dr. Addy.

* *

MONCTON MEDICAL SOCIETY.

The annual meeting was held on Jan. 13th and the following officers were elected for the ensuing year:

President,	Dr. O. J. McCully.
Vice-President,	Dr. J. F. White.
Secretary,	Dr. R. T. Botsford.
Treasurer,	Dr. A. R. Myers.

The members of the Society were entertained by the new President upon the adjournment of the meeting.

* *

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

Dec. 21, 1898.—Dr. Murdoch Chisholm President, in the chair.

This was a clinical meeting held at the Victoria General Hospital, when some very interesting cases were shown.

Dr. Murray read the history of a case in which floating kidney was discovered. The patient was shown and the members examined the case.

A specimen was shown of an aortic aneurism. The patient was 46 years of age. Had complained for seven months before entering the hospital, of shortness of breath, cough, pain in chest. No history to account for it, unless a fall of twenty feet on his back could be the cause. There was dullness on right side of sternum with heaving impulse on same side. Tracheal tugging was marked. Arteries were more or less sclerosed. After being in hospital for three months, dyspnœa grew worse and tracheotomy was performed, but without much relief. The specimen showed an immense aneurism, and part of the trachea which had been ulcerated through.

Another specimen was shown of a much dilated aorta. During life there had been a murmur indicating aortic regurgitation. The aortic valves were healthy. Regurgitation was probably brought about by the dilated aorta.

A specimen of perforating ulcer of the stomach was next exhibited. About eleven weeks before admission the patient had an attack of diarrhœa and headache and also began to suffer from severe pain in the side and back. On admission patient's appetite was poor but there was no pain after eating, though she was troubled with flatulence and heartburn. The bowels were habitually constipated. The right lung expanded more than the left. No history was given of vomiting blood.

Dr. Murray then showed a case of Friedreich's ataxia. Scanning speech, some nystagmus and tremor of hands were present. There was slight lateral curvature of the spine. Patellar reflexes were lost and he had an ataxic gait.

Dr. Chisholm showed a case of tuberculosis of the epididymis and spermatic cord. There was also evidence of the disease in the bladder. Pus was present in the urine and at one time blood.

Dr. Ross then exhibited a case of psoriasis. The eruption had been extensive and affected the patient for five or six years. Very little evidence of the disease was present after ten days treatment in the hospital.

Dr. Farrell then gave a short account of a case of thoracoplasty performed for empyema. (Report of case will be pnblished in next issue of News.)

Dr. Walsh, in discussing the case of tuberculosis of the epididymis and cord, stated that he had a case of mumps in which the cord was in a very similar state. He doubted the tubercular origin in Dr. Chisholm's case.

Dr. Ross stated that the frequent micturition, pus, low specific gravity and milky appearance of urine pointed to tubercle

The members then partook of refreshments which the superintendent was good enough to provide.

Jan. 25, 1899.—Dr. Murdoch Chisholm, President, in the chair.

Dr. Ross exhibited a case of what he diagnosed as "simple ulcer" of the bladder in a young man. This condition was fully described in the *Medical Annual* not long ago by Fenwick. (Report of case will appear in the NEWS.)

Dr. Ross also showed a case who had always been afflicted with xeroderma and subsequently developed chronic squamous eczema with much thickening of the skin, especially of the arms and legs. He had been under treatment for two weeks, and so far there had been marked improvement. The patient was taking thyroid tablets and locally a paste, a formula of Jamieson's, was applied the principal ingredients being salicylic acid and resorcin.

Dr. M. A. B. Smith, in discussing the first, said he had recently had an intractable case of cystitis in a woman aged 50. Had consulted with Dr. Farrell. Used nitrate of silver, permanganate of potash, saline solution and bichloride of mercury, 1 to 10,000 or 12,000; the last, as in Dr. Ross' case, was the only one that did any good. Tonics were given internally. There was no history of gonorrhœa.

Dr. Farrell then gave the history of an interesting case of aneurism (Report of case will appear in the NEWS.)

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Obituary.

Dr. Lewis Johnstone.—Since our last issue no less than three widely known physicians of this province have joined the great majority.

Dr. Lewis Johnstone of Stellarton, who had been in ill-health for about a year, passed away on the 31st ult., at the age of 78 years, death being hastened by the development of pneumonia. He graduated in 1845 from the University of Pennsylvania and was one of the best known and oldest practitioners in Nova Scotia. Dr. Johnstone was a very prominent freemason, having filled the distinguished position of grand master most acceptably for this province during 1887-8. The masonic fraternity were largely represented at the funeral, having assembled from nearly every part of the province. The people of Stellarton and surrounding districts turned out in full force which was the best evidence of their regard to him who attended to their afflictions for about forty years.

Dr. Stephen Dodge—We much regret to have to chronicle the death of one of the oldest of Halifax physicians, Dr. Stephen Dodge. For upwards of thirty years one of the most familiar figures on the streets of this city was that of Dr. Dodge. He was a man of great energy and varied interests, and was frequently before the public in support of schemes which he considered to be for the weal of the people, or in opposition to those which he thought to be of doubtful utility. He was, moreover, associated in a professional way with many charities—notably the Victoria General Hospital, the Halifax Dispensary, the School for the Blind and the Institution for the Deaf and Dumb, and was professor of ophthalmology and otology in the Halifax Medical College, Thus in various ways Dr. Dodge was brought into contact with many people, and to his extensive acquaintance the news of his sudden death was a great shock.

Although his practice was limited to the eye, ear and throat, our departed confrere did [not confine his studies to these specialties, but was very well read in nearly every branch of medicine. He was fond of study, and kept himself well abreast of the times. He took an active interest in the Medical Society of Nova Scotia, and frequently contributed meritorious papers to the meetings of that society.

Dr. Dodge was born near Newport, Hants County, sixty-seven years ago. His early education was received at the Presbyterian academy at West River, Pictou County. He studied his profession in New York and graduated from the College of Physicians and Surgeons in 1859. He first practised in Kentville and afterwards made a special study of diseases of the eye, ear and throat and as well, deformities. He then came to Halifax where he commenced practice as a specialist in those diseases, thus becoming the pioneer specialist of the province.

Death came suddenly to Dr. Dodge. He was seen to enter his office on the afternoon of the third of February, apparently in the best of health. A few minutes later he was heard to be breathing heavily, and a gentleman occupying an adjoining office discovered him lying unconscious on the floor. He expired almost immediately.

Dr. DUNCAN McLEAN.—On the 9th inst., Dr. Duncan McLean, of Shubenacadie, succumbed to that extremely fatal disease pneumonia. He was first attacked with la grippe some weeks previously but could not restrain himself long enough from his professional duties to think of himself. Pneumonia then ensued and after a few days he passed away. Dr. McLean was a native of Springville, Pictou County, where he was born sixty-six years ago He graduated from Harvard in 1860 and commenced practice in Shubenacadie and the surrounding country the same year. During the many years which have passed since he commenced his professional duties, few doctors of Nova Scotia have done so much hard, unselfish and gratuitous work as he. One who knew him well said that Dr. McLean was as much at the service of an Indian as the richest man in Hants and Colchester. He could not be persuaded to keep books and once remarked that if he could not get through life without gnawing the people for whom he labored, he would sooner work for nothing. Hence he never sued anyone, and often took a few cents worth of produce for a debt of as many dollars. The funeral was attended by a very large number, people having come from every district around Shubenacadie within a radius of fifty miles.

To the families so lately bereaved the NEWS extends its sincere and heartfelt sympathy.

Matters Personal and Impersonal.

Dr. Charles A. Hamilton of Mahone Bay, was married on the 9th inst., to Miss Florence Edgecombe of Dartmouth.

A Medical Society has lately been formed by the staff of the N. S. Hospital for the Insane. We hope soon to publish some of the proceedings of this new organization.

Dr. M. G. Archibald who lately filled the position of Senior House Surgeon at the Victoria General Hospital with much credit to himself and satisfaction to the visiting staff, has commenced practice at Upper Musquodoboit having taken the place of Dr. A. A. Dechman, who is now settled in Aldridge, Montana.

At River Dennis on the 31st ult., Dr. J. J. F. MacAulay was united in marriage to Miss Lena Agnes McDonald of Little Narrows.

Dr. T. R. Almon of this city, has lately gone to Jamaica on account of ill-health. We trust that he will soon return greatly improved.

Book Reviews.

DISEASES OF WOMAN.—A text book for students and practitioners. By J. C. Webster, B. A., M. D., F. R. C. P., Demonstrator of Gynæcology, McGill University, Montreal. Illustrated with 241 figures. Published by Young J. Pentland, Edinburgh and London ; Wm. Drysdale, & Co., Montreal, 1898.

In the preface the author states that he has kept before him the following aims:

1. To give prominence to the scientific basis of each subject.

2. To study clinical features in their widest relationships and the avoidance of narrow specialism.

3. To insist upon caution in the adoption of therapeutic measures not yet thoroughly tested.

The book in the early chapters deals quite thoroughly with the anatomy of the pelvis and the pelvic organs. Then an excellent article on puberty, menstruation and the nervous system in relation to pelvic diseases. The chapters dealing with operative measures are concise and hardly full enough to be very useful for reference.

It is stated that following abdominal section "the tongue should in good cases be moist, free from coating and of normal colour." There are, however, we think, not infrequently, good cases which show a dry tongue for several days following operation. It is also given that ordinarily the stitches may be removed from the abdominal wound on the ninth day. This period is surely shorter than is usual or advisable.

The book is written in a clear concise style and is handy and well printed. On the whole it will be found a useful text-book for the student.

SAJOUS'S ANNUAL AND ANALYTICAL CYCLOPÆDIA OF PRACTICAL MEDICINE. By Charles E. DeM. Sajous, M. D., and One Hundred Associate Editors, assisted by Corresponding Editors, Collaborators and Correspondents. Illustrated with Chromo-lithograph Engravings and Maps. Volume II. Bromide of Ethyl—Diphtheria. Sold by subscription for series of six volumes only. Cloth, $5.00, Half Russia, $6.00 per volume. Published by the F. A. Davis Co., Philadelphia.

We had nothing but praise for the first volume of this magnificent work. We have more praise for the second volume. It is beyond criticism. The aim of the editor was to facilitate the labour of the practising physician, to assist investigators and authors in their researches, and to elucidate, through contributions from men possessing special knowledge or unusual experience in a particular line, diseases which, owing to their complexity, are not generally understood. Dr. Sajous must be warmly congratulated upon the brilliant success which has attended his difficult task.

We are quite unable to afford space for an adequate review of the magnificent volume before us. It is full of articles of more than ordinary merit. Two articles particularly attract our attention, one by Prof. Adami, of Montreal, on "Cirrhosis of the Liver," the other by Drs. Northrup and Bovaird, of New York, on "Diphtheria." Both these articles are masterpieces, and either is well worth the purchase of the volume. Prof. Graham, of Toronto, also contributes a very valuable article on "Cholelithiasis." The volume is beautifully bound and particularly well illustrated.

PAMPHLETS RECEIVED.

MECHANICAL AND SURGICAL TREATMENT OF FRACTURES OF THE NECK OF THE FEMUR.—By Arthur J. Gillette, M. D., St. Paul. Professor of Orthopedic Surgery in the University of Minnesota. Reprinted from *Northwestern Lancet.*

THE MILK SUPPLY OF CITIES.—CAN IT BE IMPROVED ?—By Henry O. Marcy, A. M., M. D., L. L. D., Boston, Mass. Reprinted from *Journal of the American Medical Association.*

BOOKS OF THE MONTH.

SAUNDERS' AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY for 1899.—Now ready. One volume of 1102 pages. Published by W. B. Saunders, Philadelphia. Price, cloth, $6.50 ; half-morocco, $7.50.

THE INTERNATIONAL MEDICAL ANNUAL, 1899. Now in press. Among *special articles* will be "Practical X-Ray Work," "Advances in Skull Surgery," "Surgical Treatment of Paralysis,"—all illustrated articles. Published by E. B. Treat & Co., New York. Price, cloth, about 700 pages, $3.00 net.

FAT AND FECUNDITY.—A Treatise on the Pathology and Treatment of Sterility due to Obesity in Women. By Chas. A. L. Reed, A. M., M. D. Gynecologist to the Cincinnati Hospital ; Ex-President and Fellow of the American Association of Obstetricians and Gynecologists ; formerly Professor of Diseases of Women and Abdominal Surgery in the Cincinnati College of Medicine and Surgery ; Fellow of the British Gynecological Society of London ; Member of the American Medical Association, etc., etc. *In press.* 12-Mo., about 125 pages. Paper 25c. ; Cloth, 50c. Send post-paid on receipt of price. McClelland & Co. The Groton, Cincinnati, O.

CHRISTIAN SCIENCE, A SOCIOLOGICAL STUDY.—By Charles A. L. Reed A. M., M. D., Cincinnati, O. The History, Philosophy, and Methods of Christian Science, and the Law Governing its Practice Considered, in a well printed 12 mo. book, handsomely bound in paper. Single copies, 10 cents. Twelve copies, $1.00. Sent post-paid on receipt of price. McClelland & Co., Publishers, The Groton, Cincinnati, Ohio.

Resolved :—That Dr. Reed is hereby requested to submit his Address on "Christian Science, a Sociological Study," for publication in such form that it may become available, at small expense, to physicians, clergymen, educators, and others, for distribution in their respective communities.—*Resolution adopted by the North-Western Ohio Medical Association, December 9, 1898.*

Dr. C. A. L. Reed is a member of the Ohio State Medical Board which is conducting a spirited campaign against all sorts of quacks and quackery, and so he is peculiarly well fitted to expose the flimsy fabric upon which their pretensions are based. This pamphlet has been printed in order to put into the hands of the laity a few facts, that they may judge correctly of the claims of these would-be divinely inspired healers of the sick, to be allowed to go forth upon their chosen path, seeking for those whom they can devour, or more properly, whose pocket-books they can successfully deplete. Within its pages is plenty of food for thought, and *if it could be put into the hands of every intelligent layman, who has been tempted to lend his moral or financial support to these "persecuted" healers, there would be many places in the ranks vacant at the next roll-call of their supporters.—The St. Paul (Minn.) Medical Journal.*

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Matters Medical.

As the Nineteenth Century Goes Out.—It is a lamentable reflection upon the intellectual development of the Anglo-Saxon race, especially the American portion of it, that the most of the latter-day fads and fooleries bearing relation to the healing art have received their origin and chief vogue in the countries peopled by this great body of civilization-bearers. Cultured Boston has gracefully passed through the travail attendant upon the production of the doctrines of the head fanatic of the faith-healing cult, who, in her own book,* with characteristic ingenuousness, assures her readers that " no intellectual proficiency is requisite in the learner !" How artful. Indeed we believe this, for the denser the individual certainly the more gullible. And the West has only recently seen consigned to oblivion Schlatter, the Healer. For months and months this divinely-inspired gentleman had flocking to his standard, seeking his God-given grace, hosts of the afflicted whose pæans of praise grandly swelled upward to disturb the Lord of hosts, and render him uncertain of his own prestige as the Great Physician. Schlatter is no more—*hinc illae lacrimæ.* But lo ! another prophet hath come from out the West. From Missouri comes osteopathy, which couches lance with faith-healing in the race for popular favor, and to judge by the multitude of its followers, who are increasing with each day, the bone-setters will come off victorious. And the *cures* that these osteopaths are making are marvelous. By the laying on of hands dislocated bones are restored to their proper position and function, and the lame and the halt are made to walk. Truly this is an age of miracles. The afflicted may at last cast aside their crutches, for the message from each of the various cults is, " Come, ye disconsolate, and I will give you rest." Yes, poor souls, but for many it is, alas ! *requiescat in pace.* However, the fickle public is soon off with the old love and on with a new, and as one fad after another has passed, so also will go those now prevailing. Still, the laity will never be the wiser for experience, and will always be ready to grasp at the specious arguments and claims of every ephemeral canting hypocrite.

And after all, while charity and Christian fellow feeling are supposed to prompt the exponents of some of these fads in their supposed efforts to relieve afflicted man, we do not doubt that it will be found that their pursuit of the coin of the realm is just as ardent as is that of those whose purposes are more avowedly mercenary; for verily it seems to us, that while many of the promoters and followers of these various cults may become adherent to the cause through ignorant fanaticism, to the greater number of them might well be applied the truism conveyed by the French proverb: " *On commence par être dupe; on finit par être fripon.*"

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*Science and Health, with Key to the Scriptures, by Mary Baker G. Eddy, Boston, 1891.

But naturally conservative old England must come forward and bear off the palm for dense stupidity and culpable prejudice, for when Parliament virtually repudiated vaccination against smallpox, a discovery of one of England's immortal sons, by passing the "conscientious objector" clause to the vaccination act, thus removing the paternal and protecting arm of the government from around the illiterate, narrow and prejudiced masses, the scientific world, which has for a century witnessed the steady decrease in the mortality from smallpox and the practical stamping out of the once frightful epidemics of this disease, due to the efficient application of Jenner's great discovery, stands aghast and marvels at the impenetrable ignorance and unreasoning prejudice of what is now called intellectual man.—*Memphis Medical Monthly.*

DIET IN DIABETES.—Treupel (*Munch. med, Woch.*, July 26, 1898) discusses some points in diet. In diabetes the objects are (*a*) to lessen the production of sugar, and (*b*) to promote the consumption of the sugar already present in the fluids of the body. Both these objects are effected by limiting the carbohydrates. Thus a strict diet of albumens and fat should be imposed, but not longer than four weeks. Then an amount of carbohydrates may be allowed according to the case. Beer should as far as possible be avoided. Pentose and ramnose belong to carbohydrates, which are well borne without increasing the amount of the sugar. Individualization must always be practised in the treatment of diabetes. The author then details (*a*) strict and (*b*) more generous diets for diabetics. As regards subcutaneous feeding, fat is best adapted for it. After the injection of sugar painful infiltration is often observed, even when sterilized solutions are used. Albuminous solutions are not to be recommended. Artificial foodstuffs are useful in cases of blood diseases, accompanied by wasting, in the febrile, and especially in tuberculosis where the ordnary foodstuffs cannot be employed. Artificially prepared fats are comparatively little used, but lipanin and some others are readily absorbed. The ordinary fats, as in butter, cream, yoke of egg, are, however, very digestible. Many artificial preparations of carbohydrates are in use. In infants' foods diastase has converted the starch into sugar. It must be remembered that milk, sugar and other forms (especially honey) contain valuable and soluble carbohydrates, and have the advantage of being cheap. Of all artificial foods, the albuminous are the most important. Somatose, nutrose, eucasin, sanatogen, and sanose are excellent preparations. The two essentials of these albuminous foods are that they should be palatable and cheap. As yet an ideal preparation—that is, one which will satisfy these two conditions—has not been discovered.—*British Medical Journal.*

CARBAMIC ACID IN ECLAMPSIA.—K. B. Hofmann (*Centralbl. f. inn. Med.*, July 16, 1898) has examined the cerebro-spinal fluid and urine from a case of eclampsia. The fluid was clear, alkaline, and the specific gravity 1009. With copper sulphate and sodic hydrate it gave a violet color, but no biuret action. It contained a reducing substance the exact nature of which could not be made out. The author found a small quantity of carbamic acid present. The urine obtained a few days later than the cerebro-spinal fluid also contained carbamic acid. An elaborate account of the chemistry is then given, Drechsel's improved method being the one employed. The presence of Drechsel's reaction shows that in the cerebro-spinal fluid in eclampsia there is an abnormal amount of an ammonium salt which in the presence of an alkaline carbonate and carbon dioxide is converted into ammonium carbaminate. This must also occur in the blood and other fluids, and therefore a toxemia with ammonium carbaminate results. The high percentage of ammonium salts in the urine is in favor of this view. Further investigations are needed as to the presence of this salt in the cerebro-spinal fluid both of those suffering from eclampsia and from healthy individuals.—*British Medical Journal.*

THE MEDICINE OF THE PAST.—We reproduce the following interesting article from the "Evening Standard":—Everybody at some period of their life, usually at the beginning and end, make the acquaintance of a medical man. Happy are those whose intimacy is confined to those two occasions, or whose further experiences with the doctor are short and sweet, and few and far between. But those people who are constantly under the doctor's care should be grateful that they were born in the nineteenth century, and have thus escaped the horrors with which the doctor of the past dosed his patients. At one time compounds of numerous drugs and herbs were greatly favoured by the doctors. One was composed of no less than sixty-six ingredients, with the properties of which the doctors were absolutely ignorant. The uses of this remedy were almost as numerous as its ingredients. It was to be taken twice a day for three years by persons who had been bitten by venomous animals or who had taken poison; for coughs, colds, flatulence, cold rigors, loss of voice, diseases of the stomach and liver, dysentery, dimness of vision, it was a sovereign remedy, while it was also matchless as a dentifrice. A medicine for dysentery was made of four parts of powdered snails and two parts of ashes of galls, mixed with one of pepper. This was to be sprinkled on the food as a condiment or taken mixed with water or wine.

Dr. Bulleyn, the court physician of Henry VIII., had several curious remedies. "Snayles," he wrote, "broken from the shells and sodden in whyte wine with oyle and sugar, are very wholesome, because they be hoat and moist, for straightness of the lungs and cold cough." Edward VI. suffered greatly from nervousness in his youth, and to cure this Bulleyn prescribed "a small young mouse roasted whole." Another of this doctor's celebrated remedies was his *Electuarium de Gemmis*, a compound of precious stones. Pearls, sapphires, jacinth, emeralds, coral, amber, ivory, "thin pieces of gold and silver, of each half a scruple"; these, together with various herbs, were mixed with honey, and the whole formed a medicine against "tumblynge of the harte, faynting and weakness of the stomach, pensiveness, solitariness. Kings and nobles have used this for their comfort. It causeth them to be bold spirited, the body to smell well, and ingendereth the face a good colure." A somewhat similar medicine was a "precious water." It was composed of thirty ingredients, including "the bone of a harte's heart grated, cut, and stamped." These were to be distilled "in simple aque vitæ, made with strong ale or sackleyes, and aniseedes, not in a common still, but in a serpentine; to tell the vertues of this water against cold, phlegme, dropsy, heaviness of minde, comming of melancholy I cannot well at this present, the excellent vertues thereof are sutch and also the tyme were too long." Dr. Mayenne, the chief doctor of his day and physician to the Courts of both France and England during the seventeenth century, had a special remedy of his own compounding. It was a "Balsum of Bats"—the name alone would frighten a patient nowadays, while the knowledge that it was composed of "adders, bats, sucking-whelps, earthworms, hog's grease, marrow of stag, and thigh bone of an ox," would certainly prevent anyone from being dosed with it. For gout Dr. Mayenne prescribed a powder made "of the raspings of a human skull unburied."

A certain cure for headache was to tie a halter, with which a man had been hanged, about the head; moss growing on a human skull dried and powdered and taken as snuff would also cure headache. To cure toothache a nail was driven into an oak-tree, extracted, and then placed against the aching molar. People who suffer from poor memories are recommended to try one of the following remedies. Bacon says that "brains of hares and fowls in wine" form a good memory strengthener. Another physician recommended a hazel-nutful of mole's fat mixed with calcined humain hair; bear's grease well rubbed into the head "will also be found greatly comforting to the memory." A piece of beef stolen from a butcher's shop and rubbed upon warts would remove them; the beef had to be buried, and as it decayed so would the warts disappear. To rub warts upon a corpse was a certain means to drive them away. Towards the end of the seventeenth century charms were very popular in England. The Fourth Book of Homer placed under the patient's head would cure quartan ague. Ashmole, in his diary writes:—"I took early in the morning a good dose of elixir, and hung three spiders about my neck, and they drove ague away. Thanks be to God." It may be noted that he ascribes the cure to the spiders, not to the dose of medicine. The custom of giving babies when teething a coral necklace is the survival of an old superstition that coral warded off the Evil Eye. Paracelsus recommended it to be kept around the necks of children as a remedy against fits, sorcery, charms and poisons. Another ancient doctor wrote:—"Corall bound round the neck takes away turbulent dreams, and allays the nightly fears of children. It preserveth such as bear it from fascination or bewitching, and in this respect is hanged about children's necks."

Tobacco. when first introduced into Europe, was esteemed on account of its medicinal properties only. It was said to cure "any griefs, dolor, imposture, or obstruction in the head or breast, rumes, catarrhs, hoarseness, aches in the head, stomach, lungs, breast." "A sirup made of the decoction of this herb with sufficient sugar and so taken in a very small quantity dischargeth the breast from phlegmatic matter." Many wild assertions were made about "the herbs," one doctor going so far as to say that tobacco would cure every disease. The reader will doubtless remember how Robinson Crusoe cured himself of the ague with rum steeped with tobacco. The following extract from a matron's letter written in 1758 gives a good idea of some of the notions then held about Medicine:—"Does Mary cough in the night? Two or three snails boiled in her barley-water or tea-water, or whatever she drinks, might be of great service to her; taken in time they have done wonderful cures. She must know nothing of it. They give no manner of taste. It would be best noboby should know it but yourself, and I should imagine six or eight boiled in a quart of water and strained into a bottle would be a good way, adding a spoonful or two of that to every liquid she takes. They must be done every two or three days, otherwise they grow too thick." During a journey in France, Sterne, the novelist, was seized with fever, and in one of his letters he complains of the horrors with which the French doctors dosed him to restore his strength. "My physicians," he writes, "have almost poisoned me with what they call *bouillons refraichissants*—it is a cock flayed alive, then pounded in a mortar with poppy-seeds, and afterwards passed through a sieve. There is to be one craw-fish in it, and I was gravely told it must be a male one—a female one would do more hurt than good."—*Health.*

Upbraiding the Doctor.—Dr. Samuel Wolf, Physician to the Philadelphia Hospital, presents among others, a case which is of special value at this time. He says: "The entire experience of the writer with antikamnia is not confined to the series of cases on which this paper is based, although its previous use had been limited to a few prescriptions, and those in cases where it was given after the usual routine had been exhausted. It is, however, to a striking result in one of these instances, that the incentive to investigate more fully, is to be largely attributed. A man of 42, in the course of an attack of la grippe, was enduring extreme torture from the pain of a trigeminal neuralgia. The second ten grain dose of antikamnia gave such complete and permanent relief, that my patient, a druggist of large experience, upbraidingly asked me: 'Why didn't you prescribe this remedy before?'"

Sanmetto in General Naso-Pharyngeal and Bronchial Catarrh Complicated with Gastro-Intestinal Catarrh. Also in Hypertrophy of Prostate, Dysuria and Painful Micturition.—I have used sanmetto in my own case, i. e., general naso-pharyngeal and bronchial catarrh with the invariable complication in all such cases, gastro-intestinal catarrh, with the very best results, and frequently prescribe it in such cases with the most satisfactory results. I use it in all cases of hypertrophy of the prostate, dysuria, difficult and painful micturition, and such as need to have the general tract braced up, with the very best results.

Bedford, Ind. J. B. DUNCAN. M. D.

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THE

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Original Communications.

ALBUMINURIA.

By E. F. MOORE, B. A., M. D., Assistant Physician Nova Scotia Hospital for the Insane.

By the term albuminuria, we mean that there is present in the urine, an albuminous substance which is coagulated by heat or precipitated by neutralization. Chemically speaking, albumin belongs to the class of colloids, which do not crystalize and which under ordinary circumstances do not diffuse through animal membrane.

The substance which is usually found in albuminous urine is serum albumin. This is soluble in water, coagulated by heat and precipitated by acids. It is readily soluble in strong nitric acid and is not precipitated by common salt, carbonates of the alkalies, or very dilute acids.

Syntonin or acid albumin is formed from serum albumin in the presence of a free acid. Alkali albumin is a similar product formed in the presence of a free alkali.

Since the presence of albumin in the urine is an abnormality, one of the first questions that arise is, how albumin gains access to the urine. Practically, there are three theories in regard to this phenomenon. Two of these have existed since the time of the Immortal Bright, while the third has appeared at a more recent date. The first of these theories is commonly known as the "hæmatogenous." According to this doctrine, the initial changes, at least, arise in the blood. Its supporters hold that there is a change in the diffusibility of the albuminoids of the blood. This having taken place, the albuminoids pass more readily through the membrane of the glomeruli. The changes taking place in the structure of the kidney were looked upon as the result, and not as the cause of albumin being excited, inasmuch as it was held that the excretion of albumin was able to bring about an inflammatory condition. This, however, does not seem to be the view of more recent writers, for as one remarks, "Nothing can be further from the truth than to suppose that the elimination of albumin by the kidney is liable to set up inflammatory action, for we know that it may go on many years without any such result." This hæmatogenous theory, however, has not suffered from lack of able defenders, notably Semmola, who states that the blood in such cases contains albuminoids of such abnormal diffusibility that they may be found in the bile, saliva and sweat. This doctrine is also strongly supported by Vulpian and others. By experiments, however, it has been found that albumin taken from the urine of a case of Bright's disease and injected into the circulation of animals does not cause albuminuria. Saundby states that variations in the diffusibility of albuminoids may account for albuminuria in a certain number of cases, and this view seems quite popular with many authorities. Possibly, however, these cases might be more correctly termed globulinuria. Globulin diffuses much more readily than does serum albumin and it has been stated by Lepine that albumin found in the urine after food diffuses much more readily than does that passed during fasting. Several writers have brought forward cases in order to prove that the excretion of albumin is increased after eating, for example, Christison cites the case of a man who always had albumin in his urine after eating cheese, while others have observed similar results following a diet of raw eggs. Saundby, however, objects to such forms of argument, as in the one case the albumin was not shown to be casein, and in the second it was not shown to be egg albumin. These objections, he seems to base upon the fact that when egg albumin is injected into the veins, egg albumin is excreted by the kidneys. In speaking of such cases, Lauder Brunton claims that it is only when the digestive system is over-taxed, as by eating a large number of eggs, that albuminuria results.

Parkes, in endeavaring to support this theory, refers to two cases of Bright's disease in which the amount of albumin was increased after eating, while it was diminished in a case of heart disease under similar circumstances. He claimed that the albumin was either imperfectly digested or else was changed during the progress of digestion into an acid albuminate, under which circumstance its diffusibility would be increased. This, however, does not seem logical, inasmuch as it is necessary to assume that in the case of Bright's disease there was some peculiar inability to digest the albumin which was not present in the case of heart disease. If on the other hand, we look upon albuminuria as the result of a congestion of the kidneys, then in the two cases of Bright's disease the increased amount of albumin would be due to the stimulation to the circulation in the already inflammed kidneys, while it would be diminished in the case of heart disease when the transudate was due to the passive engorgement of the veins and capillaries.

Opposed to this hæmatogenous theory, we have the "parenchymatous." This locates the primary cause of the phenomenon in the kidneys and not in the blood. That is to say, albuminuria results from the destruction of the epithelium of the tubes. But here again, we are met by many conflicting hypotheses—for example, that of Von Wittich. He claimed that the albumin was normally transended through the walls of the Malpighian tufts, but was subsequently reabsorbed by the epithelium lining the tubules. When by any means this lining membrane became destroyed, there existed no means by which the albumin could be reabsorbed, and hence its presence in the voided urine. Beautiful though this theory is, it nevertheless has received iconoclastic treatment at the hands of experimenters, who found that after excising a kidney boiling and hardening it in alcohol no albumin was present about the tufts, though in similar experiments it can be demonstrated in albuminuric kidneys, even though the tubules remain uninjured.

A second form under which the parenchymatous theory is found is that when the epithelium has been destroyed, albumin transudes through the basement membrane of the tubes. Thus far, this theory seems to remain not disproved. The suggestion has been made that the epithelium itself may contribute to the albumin. In certain cases, this may be a factor worthy of consideration.

The third theory, known as the "vascular," refers the transudation to a change in the blood pressure. Here again we have a battle ground of opposing camps, one holding that the transudation is due entirely to changes in the walls of the glomeruli, while others claim that it is due entirely to changes in the blood pressure and the rapidity of the blood current. As so frequently happens, truth no doubt lies in a middle ground and as one authority aptly remarks, " The walls of the glomeruli probably undergo changes in their permeability from the effects of poisons, inflammations and vaso-motor paralysis, while changes in the blood pressure and slowing of the blood current favor filtration of albumin through them.

What now is the clinical significance of albuminuria? Formerly, the appearance of albumin in the urine was synonymous with Bright's disease. To-day, no man with a professional reputation to lose would make such a diagnosis from that fact alone. The pathological conditions under which albumin may appear in the urine seem to be legion. With your permission I will quote a somewhat lengthy paragraph from Saundby.

" The number and variety of the pathological conditions under which albumin may appear in the urine compel us to regard it as dependent upon not only inflammations, grave congestions, and other coarse organic changes, but upon slight variations in the mechanical conditions of the circulation in the kidneys. Excluding accidental admixture of blood or pus from bladder or urethra, albuminuria is met with not only in acute or chronic Bright's disease, but in diseases of the heart, lungs and liver, peritonitis, pregnancy, abdominal tumors, in most febrile diseases, in many cases of poisoning, in cancer, tubercle. syphilis, in lardaceous disease, in anæmia, purpura, scurvy, and after paroxysmal hæmoglobinuria, in gout, in delirium tremens, in various diseases of the brain and spinal cord, in epilepsy, in certain skin diseases as well as in the apparently healthy after bathing, exercise, etc."

To all intents and purposes then we find albuminuria in

(1.) Cases of congestion of the kidney, active or passive.
(2.) Inflammations.
(3.) New growths.
(4.) Degenerations.
(5.) Alteration in character of the blood.

Albuminuria then is a system of very wide clinical significance. Indeed some go so far as to extend its range from the domain of pathology to that of physiology, and make use of the term physiological albuminuria. While this term is in common use by high authorities, yet we cannot but regret its existence, since it conveys a false idea. So far as I can judge, this refers to cases in which there is no structural renal change. Such cases generally are due to some disturbance of the renal circulation. Personally, I cannot see how such can strictly be looked upon as physiological. True they may not be serious, but they are nevertheless beyond the normal. For example, who would speak of a physiological secretion of muco-pus from the lungs even though it were slight in amount and transient? In the same way, I look upon all albuminuria as pathological. Slight and transient though it may be, it is nevertheless the result of a definite pathological condition, viz., glomerulitis induced from one cause or another. Prognosis in such cases of course depends upon the accompanying symptoms.

In regard to the test for demonstrating the presence of albumin in the urine, we may safely rely upon any of the classical tests when the albumin is present in large amounts. When, however, it is small in quantity the task is not such an easy one. More especially is this so when we take into consideration the fact that urine containing at times foreign bodies such as peptone, vegetable alkaloids, oleoresins as well as excess of normal constituents such as mucin and urates. In such cases, some of the ordinary reagents may give reaction for albumin. The test recommended by Purdy seems to solve this difficulty.

"Into the bottom of an ordinary test tube, pour 15 to 30 drops of acetic acid and to this add about double that amount of aqueous solution of potassium-ferrocyanide (1 to 20.) Next add sufficient urine to half or two-thirds of the test tube. Close the top of the tube with the thumb and invert the tube three or four times to insure thorough mingling of the reagents with the urine and then stand the tube in a good light. In from half a minute to two minutes, if albumin is present even in minute traces, it will come plainly into view In the form of a milk like turbidity. This Purdy claims will bring albumin into view with greater certainty while it will not bring into view any of those substances which often produce albumin—like reaction with other tests."

The nitric acid test of Heller is still looked upon as excellent when large amounts of albumin are present, but when small amounts are present it may take some little time to show the reaction, hence there is room for improper results from too careless technique. Its results with oleoresins also need corrections. There is therefore in the use of this test necessity for the greatest caution.

Albuminuria, from the point of view of life insurance, opens up a field too extensive for this paper, and I can do no more than simply mention it. Of course where there is a large amount of albumin present, or where in addition to the symptom of albuminuria there are distinct evidences of kidney lesion, such cases can be easily dealt with. When, however, we come to these cases, where the amount of albumin is slight, the matter cannot be dealt with carelessly. Such cases are frequently met with among the young. Generally speaking, the urine in such cases has a specific gravity of 1025 ; albumin is often absent from the urine on rising in the morning but appears plainly after exercise, food or mental excitement ; there is an absence of renal casts and significant morphological elements, the quantity of urea remains normal. Such cases may persist for a short time and then get well, but Purdy states that they are particularly prone to subsequently develop nephritis. In such cases an examiner ought to proceed very carefully, and delay for sufficient time to determine the ultimate course of the case.

* * *

POINTS IN THE ARSENICAL CAUSTIC TREATMENT OF CUTANEOUS CANCERS.—A HOUSE EPIDEMIC OF SYPHILIS.

By William S. Gottheil, M. D., Professor of Skin and Venereal Diseases at the New York School of Clinical Medicine.

---

1. The arsenious acid caustic treatment of skin cancers does not contemplate or depend upon the actual destruction of the new growth by the caustic.

2. The method is based upon the fact that newly formed tissue of all kinds has less resisting power than the normal structure when exposed to an irritation and its consequent inflammation. Hence the former breaks down under an " insult " which the latter successfully resists.

3. If therefore the whole affected area can be subjected to the influence of an irritant of just sufficient strength to cause a reactive inflammation intense enough to destroy the vitality of the new cells, the older normal cells will survive.

4. Arsenious acid of properly mitigated strength is such an agent, and its application causes an inflammation of the required intensity.

5. It therefore exercise a selective influence upon the tissues to which it is applied, and causes the death of the cancer cells in localities outside the apparent limits of the new growth, where there is as yet no evidence of disease.

6. It is superior, in suitable cases, to any method, knife or cautery, which requires the exercise of the surgeon's judgment as to the extent to which it is to be carried. That that judgement is often wrong, and necessarily so, is shewn by the frequency of recurrence under these methods even in the best hands.

7. It is applicable to all cutaneous carcinomata in which the deeper structures are not involved, and which do not extend far into the mucous membrane.

8. It is easy of application ; it is safe ; it is only moderately painful ; and its results compare favorably with those obtained with other methods.

Thanks to a better knowledge of the dangers and modes of transmission of syphilis, and to superior habits of cleanliness, epidemics of the disease are rare in America; yet they occur among the lower classes of our population with greater frequency than is generally supposed. In the *New York Medical Journal* of March 26th, the writer records one in which the disease was introduced into a family, according to the history, by vaccination, and in which every member of the family of eight was ultimately infected. The first case was a child of 2 years; then the mother, aged 34; then two girls, aged 9 and 14 respectively: then a boy of 4; then a girl of 7; and then a nurseling, aged six months. The father escaped until the last; but late in the spring he came to the clinic with a characteristic eruption, alopecia, etc. The cases were all severe; there were several iritis; all had obstinate and some very extensive mucous patches; and the 2 year old child had a syphilitic pneumonia. The site of inoculation was discoverable in two cases only, probably on account of the lateness and irregularity with which the patients were brought to the clinic. In the mother it was upon the center of the cheek, and in one girl it was upon the eyelid. The family was very poor, living in one room, and their habits were very uncleanly.

* * *

TWO CASES OF INJURIES TO THE BRAIN.*

By Alex. MacNeill, M. D., Kensington, P. E. I.

My object in bringing before you these cases chiefly is to hear the opinions of men who have had some experience in such cases, as my own is limited.

Case 1.—C. McM. is a young man, who on October 15th, 1895, went duck shooting about half a mile from home. He fired a shot, and in so doing, the barrel separated from the stock, the barrel kicking backward and the portion with the screw which connects the barrel and stock entered the cranium on the left frontal side about an inch above the orbit of the eye and three-fourths of an inch to the left of the median line. He had left home about an hour previously. After receiving the injury he felt unconscious for some time, but does not know how long. He walked home after regaining consciousness with the end of the barrel fastened in the wound. Afterwards I was summoned and removed the part of gun barrel and head of screw with some difficulty, as the latter was caught in the inner surface of the frontal bone. On removal some brain matter followed, which was loosened by the end of the barrel. He could sway the end from side to side. I washed out the cavity with carbolized water, removed some spicula of bone and shreads around the margin of wound and dressed and drained it with iodoform gauze. He suffered no pain and I gave no drugs, excepting a purgative.

Oct. 16th.—Pulse 100; temperature 102°; slept well; mind clear.

Oct. 17th.—Pulse 90; temperature 100°; rested well; bowels moved on waking in morning. His remarks were irrational and incoherent and he wished to get out of bed. In a very short while he regained consciousness and seemed all right. I dressed the wound, and when syringing it out there was about an ounce and a half, by bulk, of brain substance came away, which had very much the appearance of blubber, and was somewhat brownish in color.

From Oct. 18th the pulse and temperature remained normal. A gauze drainage was kept in as long as wound remained open. No bad symptoms appeared during this period.

Case 2.—This case was under the care of another physician. M. McK., aged 27, was injured on August 10th, 1887, while hauling in hay. He was at that time 18 years of age. The blade of the hay fork penetrated the skull on the left side of head about three-fourths of an inch from the median line and a line drawn from one auditory meatus to the other over the head. He lost about a cubic inch of brain substance. He fell unconscious and remained so for ten minutes. After regaining consciousness he tried to speak, but could not. On the thirty-second day after the injury he spoke a few words. For the first three months he could with difficulty be understood, and then could only say about a dozen words. He was three years before strangers could understand him. His speech was scanning and monotonous until eight years afterwards. The words he found most difficult to say were "music" and "physic." He could speak both Gaelic and English before he had been injured. Since then he has had to learn, as a child would, so that he re-learned his English, but remains quite ignorant of Gaelic. He remembered words but could not say them, and could write when he was able to sit up. He could sing before being hurt, but it was nearly nine years after that he regained the power of being able to sing. His right arm and leg were paralyzed. This disappeared in three months after the injury.

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*Read at meeting of Maritime Medical Association.

Authors differ as to the chances of recovery in wounds of the different regions of the vault of the skull. Most of the authors which I had an opportunity of consulting say that injuries to the frontal lobes are less apt to be fatal than injuries to the side or back of the skull.

Holmes says that Sir Benj. Brodie states that he had not been able to discover among all the works which he had consulted a single instance of recovery from a wound of the posterior lobes of the cerebrum, and in a great majority of cases in which a cure had taken place the injury was confined to the frontal bone and that part of the brain which is covered and defended by it. On the other hand, Mr. Guthrie's experience led him to believe that an injury of apparently equal extent is more dangerous on the forehead than on the side or middle of the head, and much less so on the back than on the sides.

According to Prof. Starr's analysis of cases of cortical lesions of the brain published: The highest qualities of mind—intellect, judgment, reason, self-control—require for their normal display integrity of the entire brain, but especially of the frontal lobes. A change of disposition and character may be considered as symptomatic of disease of the brain; in the absence of other symptoms, of disease of the frontal lobes.

The first case presented to you seems to have suffered no ill-effect as yet from his injury either to his body or mind. The second had lost his speech, was paralyzed on right side, but to all appearances is now well.

Clinical Reports.

NEW YORK FOUNDLING HOSPITAL.

TETANY.

To one not familiar with tetany, the appearance of a child suffering from it would be alarming and the prognosis far more grave than the history of the disease would warrant; in fact the prognosis is favorable, and is only rendered grave from the other diseased conditions from which the child may suffer. The fact of its rarity does not prevent it from happening at any time or in any practice. The most salient symptoms are the contraction of the hands and feet with puffiness over the dorsum in either case. This contraction of the hand has been called the "accoucheur's hand." The resemblance indeed is very close to the cone-shaped appearance of the hand when an attempt is made to dilate the vagina. The feet are similarly contracted, the planlar arch being much exaggerated and the toes in extreme flexion. The contractions may also involve the muscles of the back and neck. It will thus be evident that to one who has seen a case for the first time and has no knowledge of the affection that the appearance is rather alarming and would suggest for differentiation, tetanus, cerebro-spinal meningitis or some obscure cerebral or spinal disease.

Tetanus may be excluded from the fact that there is no rigidity of the jaw, and moreover, the contraction is continuous in tetany and not intermittent as it is in tetanus.

Cerebro-spinal meningitis, frequently an obscure disease to determine, may cause some difficulty in coming to a conclusion, but the peculiar condition of the hands and feet will best serve to indicate tetany.

CASE.—An infant six months old, badly nourished, and suffering from gastro-intestinal catarrh was noticed on January 16th to have its body rigid, arms semi-flexed and hands in classical position of tetany. The lower extremities were extended and the feet in a condition similar to that of the hands. The classical condition referred to means that with the contraction of the fingers in the "accoucheur" position there was also puffiness over the dorsum of hands and feet much the same as is seen in rheumatism.

Slight change was noticed for three or four days, when relaxation gradually took place, and in a few more days the puffiness over the back of the hands and feet subsided. The general state of the infant, due to the intestinal catarrh, did not improve, and at the end of two weeks the patient died of chronic gastro-intestinal catarrh. and not of tetany.

J. J. R.

THE
MARITIME MEDICAL NEWS.

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Editorial.

THE CHURCH, WOMEN, ET CETERA.

In the half-day that the editor took "off" he saw and heard many things, for his eyes and his ears are excellent, and they were wide open on this memorable occasion. It is possible he may some day write a book descriptive of all that occurred during the few hours in which he enjoyed holiday, but for the present he must rest content with a brief mind-easing, which is absolutely necessary for his health. For he became an enforced eaves-dropper, and what came to his ears made him decidedly indignant, and he considers that his indignation is just.

The scene was—well, not in Halifax. The dramatis personæ included four charming ladies, and the editor's unwilling self comprised the audience. The dialogue was so animated that the attention of the audience was compelled. And the editor learned that there existed a difference of opinion among the good ladies as to the propriety of letting the school room of the Presbyterian church of a town not a thousand miles distant from Halifax to the "lecturer" advertising the "Viavi" remedies, as they are called.

This, the editor considers, will be ample excuse for the fact that he did not press his fingers in his ears.

Opinion was so equally divided among the good ladies that two gave their most hearty support to the action of the church authorities, while the other two held opposite ground. And while the two latter argued that there was more information relative to female organization and female predisposition to disorder advanced in the "Viavi" lectures than was desirable for modest ladies to know, the two former expressed different views, and one—evidently a maiden lady—supported her contention by asserting that all women should know what a lady physician had told her, that all of women's diseases are "given" to them by their wicked husbands. The force of this argument was to some extent offset by the statement that some women who didn't have husbands get sick, but the vote remained a tie.

The editor has his ideas on the following subjects :—

1. The "Viavi" treatment.
2. The gratitude of some parsons.
3. The talkativeness of some lady physicians.

As language which is unparliamentary does not look well in print, he refrains from expressing his ideas. His tale is therefore unvarnished, but his mind is, to some extent, eased.

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At the regular annual meeting of the Tri-State Medical Association, of Mississippi, Arkansas and Tennessee, held in Memphis, December 20th, 21st and 22nd, 1898, the following resolutions were adopted :

Whereas, the medical laws of the various States have been so perverted by political influences as to give legislative sanction to grotesque, ignorant and dangerous sects of pretenders and charlatans ; and

Whereas, the privileges granted to one of the most outrageous aberrations, namely, the so-called Osteopathy, constitute a disgrace to the States in which the "osteopathists" are legally intrenched ; and

Whereas, a certain William Smith, Osteopathist, having been roundly denounced, together with his sect, by Parke, Davis & Co., and the *Medical Age*, now brings suit against both for $25,000.00 damages ; therefore

Be it Declared, the sentiment of the Tri-State Medical Association, of Mississippi, Arkansas and Tennessee, that Parke, Davis & Co., and the *Medical Age* are entitled to the sympathy of its members and of all medical practitioners ; that we wish and expect them to enjoy a complete triumph in repelling this legal assault ; and that wheresoever a powerful house takes a bold stand in opposition to quackery it promotes the interests of legitimate and honorable medicine and the welfare of humanity.

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MANAGEMENT OF EPIDEMICS AND THE RESTRICTION OF QUACKERY.

At the thirteenth annual meeeting of the Conference of State and Provincial Boards of Health of North America, held at Detroit last August, some interesting discussions took place in reference to the work the various Boards were carrying on. One part of the proceedings was particularly pointed out to us by an enthusiastic lady reader who believes the remarks made by one gentleman at that meeting would be of material help to the profession of the maritime provinces. This is in reference to the restriction of epidemics and the prevention of license to practice quackery of all kinds—especially when the lack of means to do so is much felt.

The remarks made by Dr. William Bailey, of Louisville, Kentucky, are as follows:

"Inasmuch as the Secretary of our Board is not here, it devolves upon me to briefly state what the Kentucky Board is doing. The Secretary of our Board is its chief executive officer, practically, I might say, that he is the Board of Health of Kentucky, and those of you who know Dr. McCormack, will understand this. He was prevented from coming here by being compelled to remain in our State to control an epidemic of small-pox, and his presence was necessary on the ground. In the mountainous districts of Kentucky, it is very difficult to control an epidemic of the kind, because the people are so ignorant. In Kentucky we are handicapped more or less by what is possibly the smallest public health appropriation of any State; it is only $2,500. With this we cannot accomplish very much. In the control of epidemics we have to rely upon other sources of mrnagement. One plan that we have adopted this year may be of service to some of you. When an epidemic breaks out in a county we have a right to ask the county court to pay the expenses. In Jackson county, where a number of small-pox cases exist, we sent an inspector but they denied the disease being small-pox, and the county court refused to appropriate a single dollar for its control. We have adopted a method to control it in that county—we have quarantined it against all of the adjoining counties and it can have all the small-pox it wants.

Regarding the work of the State Board of Kentucky, we are handicapped by lack of money to collect statistics. From our small appropriation we employ a State veterinary surgeon and bacteriologist, but we have not been able to establish a bacteriological laboratory. By spending a little money our bacteriologist has been able to do oonsiderable work affording to the physician of the State confirmation of diagnosis of diphtheria. We examine water supplies and may say that everything coming to us has been examined. Our community recognizes that it is proper for them to pay the expense of veterinary and bacteriological examinations because the Jersey cows and blooded horses are more valuable than people. We have not been able to obtain permission to examine our Bourbons, because they consider that all whiskies are good, some better than others, but they are all good.

Our State Board also has control of the law governing the practice of medicine. We were handipapped here also by lack of funds. This law was passed a few years ago and instead of organizing a new board the administration of the law was placed in the hands of the State Board af Health. With that wonderful executive Secretary of ours we set to work and organized a board in every county composed of physicians. Now when the time came for the introduction and enforcement of this law there was no delay and the results have been very successful indeed. There is no authority to practice medicine in the State of Kentucky save that granted by authority of the State Board of Health. A few years ago we had a great number of quacks in the State ; to-day there is not one so far as I know. I will say in passing that I do not think this can be said of another State in the Union. In visiting Detroit, I am perfectly at home. I recognize signs like "K-K," and "Copeland," and others that we used to have a number of years ago in Kentucky. They departed from Kentucky between the suns, but when I visit other cities and see these familiar signs, they make me feel quite at home. There has been another matter with which we have had to contend during the past year, and our experience has been that of other States throughout the West and South, and, particularly, Missouri ; I refer to osteopathy. In Missouri the practitioners of this are recognized by the authorities, possibly because they do not use medicine. Objection to State Board of Health control has been made in Kentucky, and we had to take the matter before the Legislature. We went before the it last year and asked them to amend the existing law so that everything pertaining to medicine in any way would be under the authority of the State Board. The amendment was finally passed, but when we first took it before the individua members, we met with a very cool reception. In taking sanitary measures before the Legislature, we must remember that the legislators are politicians. In many instances their every action is looking towards being returned the following year. Not meeting with a favorable reception from the members of the Legislature, Dr. McCormack decided to "pull the string," and wrote to all the doctors in our State, and within 24 to 48 hours, these law-makers began to receive letters from their constituents, from five to ten to fifteen letters. Letters from doctors in their own county stating that if they wished to be returned the next year, or perhaps advanced to the Senate, or perhaps sent to Congress, that they must work the amendments offered by the State Board of Health. At our next interview, we met with a different reception. They said after thinking the matter over they were inclined to vote for the amendment, and when it came up it was passed almost unanimously. I say to you, gentlemen, that if the doctors of the State will effect an organization and combine to accomplish legislation they can do it if they go at it right."

THE MICROBE.*

Since the fall of man we've dosed our kith and kin,
We've boil'd our herbs as potions for their ills ;
We've striven to get the upperhand of sin,
With infusions, and with tinctures and with pills ;
But we've kept a-dying younger all the time,
The av'rage limit's now three score and ten ;
Methuselah roll'd up his hundreds nine.
But the microbe wasn't down to business then.
Here's *to* you, little microbe ! and your chum—the bacillus ;
We are "on to you," but ages you have been "a-doin' us."
Here's *to* you little microbe ! in your secret habitats,
Whilst you've been absorb'd in business, we've been "talking thro' our hats."

No ! He never thought of danger in the least,
He thought he knew enough to save him whole ;
He mingled with the rev'ler at the feast,
And enjoy'd the fairy function heart and soul.
He went into the spirit of the toast,
And got into the body of the guest ;
He was always very partial to the host,
For he'd entertain with zeal nor ever rest.
Here's *to* you, little microbe ! and the cocci and the spore,
You're a microscopic robber, that's kill'd lots and's after more ;
Here's *to* you little microbe ! you Frenchman epileptic,
We have Waterloo'd you squarely with the Lister antiseptic.

He was dipping in our victuals constantly
And a bathing in the water of the well ;
It was dangerous to eat and drink you see,
And to tell the truth 'twas hardly safe to smell ;
For he'd float upon the breezes we'd inhale ;
Yes ! he'd ride upon the cushions of our bug !
He was happy as a prisoner out of jail,
In his palanquin upon the chubby pug.
Here's *to* you, little microbe ! with your confidential style ;
We couldn't navigate you 'till we had your chart on file ;
Here's *to* you, little microbe ! you are no aquatic sport,
In the antiseptic ocean you can never get to port.

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*Written for the Maritime Medical News.

There's no doubt you have a sphere legitimate,
But the colon we maintain is sacred ground;
And we're going for our antiseptic kit,
Every time we know that you're a-fooling round.
We don't want you in our stomach or our chest;
We won't have you in our liver or our spleen,
Get into our pancreas, if you think best,
But remember that our antiseptic's keen.
Here's *to* you, little microbe! you're no sluggard in a fight,
You used to be a slugger, and a wrestler out of sight;
Here's to you, little microbe! we can box and twist you now.
With the Lister antiseptic you're "not in it," in a row.
And here's *to* you, little microbe! tho' your star is on the wane
And you'll never be the agressive social potentate again.
Here's *to* you, little microbe! for your death we've cast the die,
Tho' we still must hold your mem'ry blazon'd on sarcophagi.

M. H. A.

Society Meetings.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

FEB. 8, 1899.—Dr. Murdoch Chisholm, President, in the chair.

Dr. Ross presented to the society a case of rodent ulcer which had been of three years standing. The patient was a woman of 70 years of age. There was no hereditary history of malignant disease. A small pimple first made its appearance underneath the left eye, soon ulcerating and showing the characteristics of rodent ulcer. Its situation, persistence, appearance of the ulcer with its rolled edge led to the diagnosis. Excision was thought of when he first saw her, one month ago, since this is generally advocated. However, another plan was tried as advocated by Dr. Atkinson in the *N. Y. Medical Journal* some time ago for superficial cancerous growths. Ethylate of soda, which penetrates quickly, was applied twice a week and a powder consisting of acetanilide, aristol and boric acid was kept on constantly, a piece of wadding with vaseline on it being applied over the powder. The ulcer is now healed. The glands are practically never affected in this disease although it is a form of cancer.

A discussion on "Diphtheria" was then taken up.

Dr. Walsh was the first speaker. He related the history of a case that was affected with diphtheritic laryngitis to which he was called at midnight. He sent for Dr. Chisholm who intubated and antitoxin was at once administered. Next day the tube was coughed up. Grave symptoms of dyspnœa returned and the tube was again inserted, but the child immediately stopped breathing. Dr. Chisholm wished to perform tracheotomy immediately but the mother refused to allow it and the child died. Dr. Walsh referred to the shock produced by intubation. It was often a difficult operation. In this case a piece of loose membrane was probably driven down. After intubation it is difficult to maintain the strength. He thought that if there is time and a proper nurse is available, tracheotomy is preferable to intubation. He believed that one should always be prepared for tracheotomy while doing an intubation.

The President, Dr. Chisholm, then gave what he considered the indications for tracheotomy; for instance, when there is evidence of looseness of the membrane. This is liable to occur about eighteen hours after antitoxin has been given. If the patient is suffocating at that time it is dangerous to intubate although it is correct to do it with the proviso that all is in readiness for the larger operation of tracheotomy if necessary. The patient referred to by Dr. Walsh would have lived if it had been left alone because the membrane was getting loose. The following points he enumerated in favor of intubation: (1.) Bloodless. (2.) Absence of any great trouble in preparation or nursing. (3.) It is generally sufficient if the membrane is not loose. (4.) More cases could be saved by intubation than by tracheotomy. In the latter there is danger of bronchitis and broncho-pneumonia. Of late years he had considerable experience in intubation. Antitoxin improves the chances of intubation. The first case he had, Dr. Cunningham was called to perform it. The child was allowed to have all the nourishment it wanted. A day or so afterwards it was dead, it having choked. In the second case he also had Dr. Cunningham. The patient was completely relieved at first by the intubation. Twelve hours afterwards one could hardly notice anything was the matter. Six hours later he was called hurriedly to see the child and found it suffering from all the symptoms of strangulation. He ran to the telephone to consult with Dr. Cunningham but when he returned the child was dead. Probably the child would have been saved if he had taken the tube out. Eighteen hours after antitoxin is used the membrane becomes loose and the tube should be taken out. You may take it out sooner and have to put it back. After the tube is remove the larynx remains patent for some time. Dr. Chisholm found that the tubes marked for certain ages did not always suit those ages. Thus he had found some patients at six years of age take a larger tube than others at eight or ten. When a child coughs up a tube and you have to reintroduce one, it is better to use a larger size as it will be less liable to be coughed up. He feeds patient by mouth with a catheter and syringe, though Dr. Holt recommends the usual way of feeding when the tube is in.

Dr. Murphy said that in his experience the mortality varied according to the severity of the epidemic. For instance, in Burgeo, Newfoundland, he had about 300 cases with only three deaths. That this was diphtheria he did not doubt, especially since paralysis followed in about 40 per cent. of the cases. In St. Lawrence he had 70 cases with one death. As a contrast to the above, in the city of St. John's in one family he had seven cases, five of whom died; the mortality on the whole in that place running up to about 40 per cent. He had had experience with antitoxin and intubation in 85 cases of diphtheria. There were three deaths and these did not receive antitoxin until the third day. The others had antitoxin in the first 24 hours. He performed intubation for croup in 65 cases with one death. Forty of these cases showed the Klebs-Lœffler bacillus in cultures. The case that died was intubated and received antitoxin on the third day. One case coughed up the tube four times when he performed tracheotomy and the patient made an uneventful recovery. Some cases were easily intubated; in others it was almost impossible. Dr. Murphy stated that his belief in antitoxin was so strong that he felt assured that if given in the first 24 hours it would prove a certain cure if croup did not set in. He gave no other medicine except a laxative and washing out the throat with normal saline solution. In feeding he never had any difficulty, always having the head lowered. Some interesting statistics from hospitals and private practice were then cited.

Dr. Goodwin stated that he had done intubation in three cases of croup—one of scarlet fever and two of diphtheria. The relief was instantaneous, but they all died. This was before the days of antitoxin.

Dr. Farrell, in summing up the discussion, said that when we consider the relative merits of intubation and laryngotomy, we must make a clear distinction between the results before the use of antitoxin and since its introduction. In antitoxin we have gained a point. The President had learned by his careful observation when to put the tube in and when to take it out. There was a different clinical history when antitoxin was used. Intubation was a bloodless operation and at first he was inclined to think that it might offer many advantages over laryngotomy. But since the introduction of antitoxin better results can be obtained with tracheotomy. Before antitoxin, in an experience of twenty years he had found tracheotomy quite useless. Antitoxin, however. makes recovery possible. And he must say that upon his own child he would be inclined to prefer tracheotomy to intubation. A simple incision is not serious. It is not a dangerous operation, there is very little loss of blood, and we have two channels always open. Dr. Chisholm had offered one objection—the tendency to pneumonia. Antiseptics and steam would prevent this. Again, the cutting operation does not need to be repeated. After the membrane begins to get loose, the two openings are an advantage. The severity of the disease depended partly on the amount of infection. Thus, exposure for a long time with a severe case would induce severe results in the one exposed, where short exposure might have very little effect. Dr. Farrell wished to protest against any new means being used exclusively. Other remedies which had been useful should be continued.

This closed the discussion on "Diphtheria."

Dr. Walsh referred to several interesting abnormalities lately seen in the dissecting room.

Dr. Farrell spoke of a case of operation for the radical cure of hernia in which there resulted secondary infection in the liver and mesenteric glands—somewhat similar to what had occurred in the aneurism case described at last meeting. He then mentioned a case of pyosalpinx in which he aspirated and made a counter opening ; patient is now doing well. Also a case of appendicitis with small exudation in the iliac region, in which he took away by aspiration half an ounce of pus. Patiently recovered quickly, but later secondary abscesses developed.

A paper from Dr. Halliday, of Shubenacadie, was then read by the Secretary, in which he reported some interesting cases, one of appendicitis, and another in which pregnancy was complicated by a hydatidiform mole.

We hope to publish these cases in the next issue of the NEWS.

Our Provincial Charities.

As is usual at this season of the year, our various charitable institutions have issued their annual reports, and in them is to be found much of interest to those who agree with Drummond in his conception of the greatest thing in the world. A feature of the year has been the number of changes which have taken place in the medical institutions.

NOVA SCOTIA HOSPITAL FOR THE INSANE.

The forty-first annual report of this, the greatest of our provincial charities, affords much information relative to the good work which is being done within the walls of the big institution at Mount Hope. The question: "Is insanity on the increase?" is discussed, the evidence *pro* and *con* adduced, and the verdict reached that "the increase of insanity is more apparent than real." The training school for nurses, now in its sixth year, has proved an unqualified success. and its graduates have won the confidence of the profession in all varieties of nursing. A very interesting historical account of the origin and development of the hospital is given by Dr. Sinclair, who traces its growth from the date of its inception to the present. Reproduced in the report is "an outside opinion"—a very flattering description of what was seen within the hospital by a visiting newspaper correspondent.

Dr. Sinclair's valedictory closes the literary portion of the report. After more than twenty years of faithful service at Mount Hope, Dr. Sinclair was, at his own request, appointed Inspector of Provincial Charities, to fill the position made vacant by the resignation of Dr. A. C. Page, and severed his connection with the Hospital for the Insane at the end of last September. His career at the hospital was in every way creditable, and during the years of his superintendency it reached a degree of efficiency which ranks it well with similar institutions elsewhere. As an executive officer, Dr. Sinclair combines all the qualities necessary to a successful administrator—tact, impartiality and judgment; as a physician he is, as is well known, thoroughly abreast of the times, and the recognized authority on nervous and mental diseases in the maritime provinces; while his genial, kindly manner and pleasant address makes him one of the most charming of men. It cannot but be regretted that Dr. Sinclair has thought best to retire from the trying post which he filled so well at Mount Hope, but we are glad to know that the province will profit by his special knowledge and training in his new position.

Victoria General Hospital.

The report of this institution shows that it has had a very successful year, and that a large amount of very excellent medical and surgical work was done during the period. This report is the first to be presented by Mr. Kenney, whose appointment as superintendent dates from the first of May last. Prior to this date the superintendent was always a medical man, and Mr. Kenney is the first layman to occupy the position. It is pleasing to be able to state that he has proved himself to be a most competent and capable superintendent, and that under his administration the hospital maintains its reputation as a first-class institution. In his report Mr. Kenney pays a well deserved tribute to Mr. Puttner, who has for more than thirty years been associated with the hospital, and whose devotion to its affairs accounts for much of the success of the institution.

The tables show that 1,358 patients were treated in the wards during the year. Many of the gravest surgical operations were undertaken, and a notable degree of success attended the work of both surgeons and physicians. Clinical teaching continues, especially during the winter months, and the training school for nurses has had another successful year.

The County Asylums.

The various county asylums for the care of the chronic " harmless " insane, are reported upon by Dr. A. C. Page, whose report shows them to be in their usual condition. It is gratifying to know that the "county-care system" in Nova Scotia is very free from abuse, but we cannot feel that the system is the best. The one feature in its favor is economy, and the News will ever contend that too rigid economy in the matter of charitable institutions is unworthy of any civilized people. The insane are so unfortunate a class that no self-respecting community should lend itself to any plan which lessens their chance of recovery, or which condemns them to any unnecessary discomfort. The report before us is the last which is to come from the hand of Dr. Page, as he has found that failing health made it necessary for him to retire. This circumstance will be regretted by everyone who is fortunate enough to know the genial doctor, and it will be cordially hoped that relief from care and responsibility will give him renewed health, and add many years to a life which has been singularly useful.

Aberdeen Hospital.

The second annual report of this institution testifies to the need of this well equipped hospital at New Glasgow. The statistics show that 182 patients were treated during 1898 and 93 operations performed, while the number discharged cured was 123—a very creditable percentage. The county of Pictou is justly proud of Aberdeen Hospital, and while praise must be given to all who have assisted financially and otherwise, it is noted that the trustees would have had to face a deficit, if it had not been for the Ladies' Auxiliary. This indeed speaks volumes for that organization and is a valuable lesson to the sterner sex to reflect upon. The superintendent, Miss Sheraton, is deserving of every praise for the efficient manner in which her duties are performed. The training school for nurses, which has recently been organized, has an excellent course of instruction.

Institution for the Deaf and Dumb.

The efficiency of this commendable institution is well recognized throughout this part of the Dominion. At the same time, however, there is a large majority in this city who know little of the advanced methods of teaching that are being carried out by Mr. Fearon and his able teaching staff. The forty-first annual report contains some very interesting information and we ought to feel greatly pleased that there is such an institution in our midst, which has admirable facilities, and a principal and assistants who are zealous in their efforts to impart the most modern methods of learning. The number of pupils last year was 102, there being 88 from this province. Only one case of an infectious nature appeared in the institution, which speaks well for the value of the cottage hospital where isolation is readily secured.

Halifax School for the Blind.

The last report shows a slight increase in the number of pupils over the previous year, there now being 106. It is a great satisfaction that such a large number so sadly afflicted are able to enjoy the best educational advantages. A great many are receiving a good musical training, while those who have not sufficient musical taste to insure their success as teachers of the piano or other instrument, are learning a trade such as a brush and basket-maker, or some similar occupation. A visit to the school is always of interest, for one will see work carried on which otherwise might seem incredible. Not only is instruction given in the different lines we have mentioned, but as well, the girls are instructed in sewing and knitting, while the teaching of typewriting has been added as the latest departure. The free circulating library of raised print books, contains at present upwards of four hundred volumes. The blind of the Maritime Provinces and Newfoundland have free access to this library, and have gladly availed themselves of reading religious, poetical, historical and scientific works, as well as books of travel, anecdote and fiction. The superintendent, Mr. Fraser, who has worked so faithfully for the school for over twenty-five years, has been a great factor in the wonderful growth and expansion of this institution, the managers having truly said that his services are almost indispensible. Attention has been directed by Mr. Fraser to the inspection of the eyesight of children in the public schools. This is a matter of great importance and we trust that soon a compulsory law will be passed to have this carried out.

The School for the Blind as well as the Institution for the Deaf and Dumb, have as managers and directors, gentlemen of the right stamp, who are ever ready to use their greatest endeavors to promote the cause of education in these institutions.

Matters Personal and Impersonal.

The Prince of Wales has accepted the office of President of the National Association for the Prevention of Consumption.

Dr. T. G. Roddick, Professor of Surgery, McGill University, has been elected an Associate Fellow of the College of Physicians, of Philadelphia.

Dr. F. F. Eaton, formerly of Rose Bay, Lunenburg Co., has just returned from London where he was taking post-graduate work for some months. He has opened an office in Truro.

Dr. H. A. Payzant was married on the 23rd ult., at Truro, to Miss Eugene McCulloch, formerly of this city. Miss McCulloch was well known as one of our most capable nurses. She is a graduate of the training-school of the Victoria General Hospital, and lately has been engaged in private nursing in this city and throughout the province. The NEWS extends to Dr. and Mrs. Payzant its congratulations and best wishes.

We have received the twenty-first annual report of the Presbyterian Eye, Ear and Throat Charity Hospital, of Baltimore. During the past year there were treated 18,944 cases and 3,134 operations performed. This worthy institution is supported by Presbyterians and their friends from other denominations.

Book Reviews.

International Clinics.—A quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynæcology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology, and Dermatology, and specially prepared articles on treatment and drugs. By Professors and Lecturers in the leading Medical Colleges of the United States, Germany, Austria, France, Great Britain, and Canada. Edited by Judson Daland, M. D., Philadelphia; J. Mitchell Bruce, M. D., F. R. C. P., London, Eng.; and David W. Finlay, M. D., F. R. C. P., Aberdeen, Scotland. Volume IV, eighth series, 1899. Published by J. P. Lippincott Company, Philadelphia. Canadian representative, Charles Roberts, 593 Cadieux Street, Montreal.

The volumes of this important work appear with remarkable regularity and fully keep up to the standard of those previously issued. All important medical topics are embraced in the Clinics and nearly every subject needing reference can be found in one of the series, and therein dealt with by a master hand. In the latest volume we find "Treatment of the Syphilitic Chancre," by such an authority as Fournier, of Paris, and "The Principles of Treatment in Corneal Ulcers," by McGillivary, of Dundee. In cases of progressive ulceration of the cornea, where the source of infection is derived from some adjacent inflammatory affection, such as purulent conjunctivitis, McGillivary employs, besides atropine and cocaine, a solution of formol (1 in 2000) every two hours. It possesses great penetrating powers without readily coagulating the albumen of the tissues. He also states that it has almost replaced entirely the use of the cautery in his practice and has therefore simplified the treatment of progressive ulceration of the cornea very considerably. This chapter is a very valuable one, not only to those engaged chiefly in eye work, but to those where the services of a specialist are not easily acquired. The first of a series of lectures on "The Treatment of Chronic Constipation," is interestingly dealt with by Professor Rosenheim, of the University of Berlin. "Scurvy and Purpura," by Oliver, of Newcastle;" "A Case of Pernicious Anæmia, with Recovery," by that keen observer, Sidney Martin, of University College, London; "Alterations of Weight by Diet," by White, of Guy's Hospital, London; "Three Cases of Tuberculous Disease of the Knee-Joint," by Andrew Clark, of Middlesex Hospital, London; and "Hernia" by De Garmo, of the New York Post-Graduate Hospital, are some other excellent chapters. As usual there are a number of fine photographic illustrations, those in the article on "Hernia" being particularly valuable.

CHRISTIAN SCIENCE.—A Sociological Study. By Charles A. L. Reed, A. M., M. D., Cincinnati. Single copies, 10 cents. Twelve copies, $1.00. Sent post-paid on receipt of price. McClelland & Co., Publishers, The Groton, Cincinnati, Ohio.

In our last issue reference was made to the above small work which was first delivered as an address and afterwards published in its present form in compliance with a resolution adopted by the Northwestern Ohio Medical Association. Dr. Reed is well known as an enthusiastic worker against all forms of quackery and humbugism, and it would behoove the profession to arm themselves with a supply of this little book and scatter them broadcast, so that gullible humanity might read and profit thereby.

THE COMING AGE.—A Magazine of Constructive Thought. Published by The Coming Age Co., Copley Square, Boston, and The Midland Publishing Co., St. Louis. Subscription, $2.00 a year. Single copies, 20 cents.

The February issue contains a number of instructive articles by prominent writers which speaks well for the enterprise of the publishers. The only criticism we have to make is our serious objection to a large advertisement which we trust the editor's good sense will cause to be obliterated from the pages of the journal. The April number promises to contain an interesting article by Professor John Uri Lloyd, the author of "Etidorhpa," the subject being, "Do Physicians and Pharmacists Live on the Misfortunes of Humanity?"

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BOOKS OF THE MONTH.

AMERICAN TEXT BOOK OF DISEASES OF THE EYE, EAR, NOSE AND THROAT.—A handsome royal octavo volume of 1251 pages with 689 illustrations, and 15 full page plates. Price, cloth, $7.00; sheep or half-morocco, $8.00 net. Published by W. B. Saunders, 925 Walnut Street, Philadelphia.

NERVOUS AND MENTAL DISEASES.—By Drs. Church and Peterson. A handsome octavo volume of 843 pages, beautifully illustrated. Price, cloth, $5.00; half-morocco, $6.00 net. Published by W. B. Saunders, 925 Walnut Street, Philadelphia.

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PAMPHLETS RECEIVED.

THE USE OF GLOVES IN SURGERY.—By W. R. Lockett, Student in the Jefferson Medical College. Reprinted from the *Philadelphia Medical Journal.*

REPORT OF 78 CASES OF PULMONARY TUBERCULOSIS TREATED AT THE WINYAH SANITARIUM IN 1898, WITH WATERY EXTRACT OF TUBERCLE BACILLI.—By Karl Von Ruck, B. S., M. D.

Matters Medical.

REPORT OF 78 CASES OF PULMONARY TUBERCULOSIS TREATED WITH WATERY EXTRACT OF TUBERCLE BACILLI.—A report of 78 cases of Pulmonary Tuberculosis, treated at the Winyah Sanitarium, at Asheville, N. C., in 1898, with Watery Extract of Tubercle Bacilli, by Dr. Karl von Ruck, appears in the February number of the *Therapeutic Gazette.*

The author giving due credit to the advantages of the favorable climate of the Asheville plateau as well as to the systematic employment of hygienic and dietetic methods, in a special institution, shows nevertheless by his results the unmistakable favorable influence of this preparation, which he perfected in his laboratory in February, 1896.

He with many others, notably Professor Koch, have long realized that the bodies of tubercle bacilli contain a soluble substance, a proteid upon which the curative action of all tuberculin preparations and modifications must depend, small and variable quantities of which were thought to enter into the culture fluid from which the tuberculin preparations are made.

Experiments upon animals have shown that the injection of dead tubercle bacilli produce both curative and immunizing effects, but they have always produced abscesses at the point where they were injected, and often spurious tubercle in the animals experimented upon, conditions which seem to preclude their use in the treatment of human tuberculosis.

A solution of the tubercle bacilli, without injury to the curative proteids was therefore naturally sought for, and in April, 1897, Professor Koch announced that he had accomplished this in the production of Tuberculin R., which was then given to the profession.

Several weeks later Dr. von Ruck announced his success in also making the desired solution and communicated his experiments and methods in a paper read before the American Climatological Association and published in its transactions for 1897. His method of preparation differs from that published by Professor Koch and is briefly as follows:

The tubercle bacilli is filtered out of the rapidly growing and highly virulent culture. After washing with distilled water for the removal of the remains of the culture fluid, they are dried in a vacuum dessicator

Next they are powdered in an agate mortar and then extracted with sulphuric ether. This extraction removes the fats. They are again dried and powdered as before and their further extraction takes place in sterilized distilled water, over a water bath with a temperature of 120 F. The proteids become dissolved in the distilled water, the fluid is then decantered and filtered through porcelain, when finally the amount of proteids is determined and the preparation standardized to a certain per cent.

Prof. Koch simply triturated his tubercle bacilli and then put them into distilled water and separated the undissolved germs with a centrifugal machine. His preparation did however not pass through a porcelain filter and it was subsequently shown that when an attempt of filtering through porcelain was made, a residue collected in the filter consisting of Tubercle Bacilli.

Virulent infection followed the injection of this residue in animals and for this reason Professor Koch was obliged to withdraw his Tuberculin R., it being an emulsion of tubercle bacilli and fragments of such, rather than a true solution.

Koch's claim that in a true solution of the tubercle bacilli the final perfection of a specific remedy was attained, would appear to be verified by the results which Dr. von Ruck reports.

He treated with his Watery Extract 20 cases in the early stages, all of which recovered, with an average gain of 11 pounds in weight, and subsidence of all symptoms.

Of 37 cases in a more advanced stage 27 recovered, 7 were greatly improved, 3 improved, and none grew worse, gaining on an average nearly 13 pounds each.

Twenty-one cases in a seriourly advanced stage were also treated, of which 3 recovered, 9 were greatly improved, 7 were improved, only 2 grew worse or died, there being an average gain in weight of 10½ pounds each.

The remedy was also given for trial to Dr. Denison of Denver, Dr. Taylor of St. Paul and Dr. Williams of Asheville, all of which obtained good results. Dr. Williams supplying the date of 12 cases treated by him with von Ruck's extract, shows 7 early stage cases, all of which recovered ; of 3 cases in the second stage, 1 recovered, and 2 were greatly improved, and of 2 far advanced cases, 1 recovered and 1 grew worse.

Comparing his previous results with those obtained with the watery extract in von Ruck's institution he shows the results as follows :

	Cases.	Recovered. %	Improved. %
Treated without Specific Remedies......	816	12.1	31.0
Treated with Koch's original Tuberculin	379	35.5	37.5
Treated with Antiphthisin and Tuberculocidin	182	32.5	46.8
Treated with Tuberculinum Purificatum (von Ruck)	166	43 4	39.2
Treated with Watery Extract of Tubercle Bacilli (von Ruck)..........	78	64.1	33.3

Among other matters of interest, the report also contains mention of Dr. von Ruck's efforts to produce a serum, as suggested by Professor Koch, in his paper by using Tuberculin R., and his Watery Extract for immunization. Dr. von Ruck used goats for this purpose and injected them in increasing doses reaching 70 c. c. per single dose in the course of six months.

Serum taken from these animals failed to protect or cure guinea pigs, and finding his results entirely at variance with the claims of Dr. Fisch, he purchased serum from Dr. Fisch's laboratory and treated a number of guinea pigs, all with negative results.

These experiments are given in detail and it does not appear that the degree of tuberculosis or its course was in any way modified by the injection of this serum; the control animals showing no greater progress in the disease than did those which were treated.

Full directions are given for the use of the Watery Extract, the beginning dose being 1-1000 of a milligram, and this is gradually increased to 5 milligrams. There are three solutions, No. 1 containing 1-1000 of one per cent., No. 2 1-10 of one per cent., and No. 100 containing 1 per cent., of the anhydrous extracts.

THE CHEMICAL NATURE OF THE ACTIVE PRINCIPLE OF THE SUPRARENAL CAPSULE.—Ever since the announcement by Schäfer and Oliver of the peculiar action of an aqueous extract of the suprarenal capsule on the blood pressure, great interest has been aroused, followed by much speculation on the nature of this body. The profession know the chemical difficulty of extracting alkaloids, which are perfectly well known, by methods equally well known, but here was a substance, very easily oxidised, which occurred in the suprarenal gland in quautities of probably less than a fifteen thousandth part of a grain to each gland, and that if the nature of the substance were known, and a perfect method of extraction had been devised, it would require the glands of 2,000 sheep to give us one drachm of the active substance. When we consider the amount of proteid and other material which must go into solution, we can conceive the almost hopeless outlook for the solution of this problem. If the problem was to be solved, it would be expected, as in the past, that its solution would come from some of the large German laboratories by a man who had spent his life at this work, and who had at his back one of those German factories who make it their business to encourage all this class of scientific research, from the simple knowledge, that one discovery may mean a fortune to them. It is therefore a source of unbounded pleasure and pride, that we are able to announce, that, for the first time the laurels have been captured by our own continent, by the discovery, identification and analysis of the active principle of the suprarenal body by Dr. John J. Abel, Professor of Pharmacology, Johns Hopkins Medical School. The first step in this work is what is chemically known as benzoating the body, obtaining thereby a pure benzoate. This work, which was published by Prof. Abel, last year in *Johns Hopkins Hospital Bulletin*, as also in this paper this year, was subsequently confirmed by a German scientist, Fürth, who was working on this problem. After obtaining the benzoate, Professor Abel then made other compounds, and as the result of his analyses he considered the empirical formula to be $C_{17} H_{15} N O_4$, thus approaching in elementary composition some of the alkaloids. The composition of pseudomorphine, for example, is represented by $C_{17} H_{19} NO_4$, that of cocaine by $C_{17} H_{21} NO_4$, that of sanguinarine by $C_{20} H_{15} NO_4$, and that of benzylidene collodine dicarboxy acid by $C_{17} H_{15} NO_4$, and among these alkaloids sanguinarine is noteworthy for its power to raise the blood pressure. It was found that skatol was one of the discomposition products of this body. It is of interest to note in this connection, as the author points out, that Stohr has shown that skatol is liberated when strychnine is heated with calcium oxide, and that Hoffmann and Konigs have obtained indol from tetrahydroquinoline by passing its vapor through a tube heated to redness. He considers the picrate will likely prove the easiest to manipulate and most valuable and promises future contributions in regard to it. There is no doubt that the future of medicine lies in the domain of biological chemistry. It is there the greatest triumphs will reward the investigator, and the greatest benefit accrue to medical science from the practical application of his results. We can rest assured, however, with such a distinguished investigator as Professor Abel to head the school of biological chemistry here, that in the future we will have to share very few of our triumphs with Europe.—*The Dominion Medical Monthly.*

ANÆMIA AND ITS TREATMENT.—There are few practitioners of any experience who have not from time to time had to contend with anæmia in some of its forms, either as a Primary or Essential Anæmia, Chlorosis, etc.; or a Secondary or Symptomatic. The pathological condition is characterized by a diminution or deterioration in the quantity or quality of the blood or one or more of its constituents, either as a result of no known pathological condition of other tissues or organs than the blood itself; or as a result of (*a*) hemorrhage; (*b*) inanition or want of assimilation; (*c*) excessive albuminuria, prolonged suppuration, long-continued lactation, chronic dysentery, etc.; or (*d*) toxic agents, as the absorption of lead, arsenic, mercury, and phosphorus, and the toxic influence of acute and chronic infectious diseases, as typhoid and yellow fever, diphtheria, acute inflammatory rheumatism, chronic malaria, tuberculosis and syphilis. The general practitioner, the surgeon, the obstetrician, the gynæcologist, and other specialists, all will continue to meet with it from day to day, and it will often prove, unless promptly and efficiently met and combated, "the last straw that breaks the camel's back." After other serious involvements of regions or viscera have been safely tided over, and the original danger is well and satisfactorily out of the way, anæmia may still bar our progress in establishing a successful restoration to health.

The pallor of skin and mucosa as indicated by the general surface and livid lips, the languor, debility, and extreme fatigue under the slightest exertion, occasional palpitations, dyspnœa, headaches, anorexia or possibly perverted and unnatural appetite, the visible undulating pulsations of the carotids, the pulsation of the peripheral veins, the occasional heart murmurs, the '*bruit de diable*" or venous hum over the large cervical veins, both muscular and mental weakness, loss of or impaired nerve function, neuralgia, coolness of surface, the weak, thready or compressible pulse, together with constipation or occasionally its opposite, make up, as a whole or in part, a clinical picture that is usually readily recognized by any careful observer.

Should the diagnosis, however, be in any doubt whatever, a proper laboratory examination will show a diminution of (1) the total quantity of blood in the body, *oligæmia*; (2) of the red corpuscles, *oligocythæmia*; (3) of the hæmoglobin, *oligochromæmia*; (4) of the albumen, *anhydræmia*; (5) or changes in the shape of the red corpuscles, *poikilocytosis*; (6) or in their size, *micro-*, *macro-*, or *megalocytosis*. It is rare, however, that so thorough an examination is necessary; and many of us, especially those engaged in active practice, have neither time nor opportunity for such an investigation, and rely on the general characteristic features presented together with the previous clinical history.

In the treatment of this condition iron in some form has long been a recognized essential remedy, and a most excellent one it has proved on many occasions; yet sometimes it brings only disappointment, either from the inability to get the patient to take it in sufficient quantity, or from failure to secure its entrance into the circulation by the absorbents, or from bringing about other symptoms that add to the discomfort and danger impending, as irritability of the bowels, diarrhœa or its opposite, or from its astringent effect on the mucous lining of the alimentary tract, interfering with the proper digestion and assimilation of the limited food supply that is tolerated by the patient.

More than half a century ago M. Burin-Duboisson demonstrated by chemical analysis the recognized fact that the red corpuscles of the blood contain about one-twentieth as much manganese as iron. Nature never doing anything uselessly or unnecessarily, we can but recognize it as one of the essential constituents of the blood; and when its preparation is lessened by hæmorrhages and other conditions that impair the blood, its restoration through natural channels is but slow and uncertain, so that it is quite a natural suggestion to take steps to secure its re-establishment in proper proportion. Soon after its demonstration as existing in the blood, M. Hannon and others used it with satisfactory success in chlorosis, syphilis, scrofula, and other similar conditions. Kugler, in 1838, noticing that individuals employed in bleaching establishments where chlorine was largely used, and in those who handle large quantities of the salts or oxides of manganese, were free from diseases of the skin, bones, and glands, made a successful trial of it in scrofula. The various salts or oxides of manganese used from time to time being deficient in stability or difficult of assimilation, its use has not been altogether satisfactory until quite recently.

A little over a year ago I received from Messrs. M. J. Breitenbach Co., of New York, a preparation new to me, bearing the name of "Pepto-Mangan, Gude," prepared by Dr. Gude, Chemist, of Leipsic, Germany. The *claim being made* that it was a *combination of iron and manganese* as true peptonates, having decided advantages over the preparations of iron, even the albuminate, in both permanency and ease of assimilation. It is clear, of a rich sherry-wine color, neutral in reaction, free from astringency, and of a pleasant aromatic taste. It is also claimed for this preparation that "it is a powerful blood-forming agent; a genuine hæmoglobinogenetic; feeding the red corpuscles with organic iron and manganese, which are quickly and completely absorbed in cases of anæmia from any cause, such as chlorosis, amenorrhœa, dysmenorrhœa, chorea, Bright's disease, etc."

Dr. H. H. Loomis, of New York, in a paper read before the Section of General Medicine of the New York Academy of Medicine, speaks of it most favorably and reports a series of eight cases (Bellevue Hospital) in which anæmia had resulted from various causes and the number of red corpuscles had been markedly reduced from more than twenty-five to near fifty per cent, as demonstrated by careful count by proper laboratory apparatus, and that under the use of "Pepto-Mangan, Gude" in six to eight weeks they were restored to the normal or increased beyond it. He concludes the paper with the following:

"In most cases the Pepto-Mangan (Gude) had no constipating effect. Of the eight cases of which accurate notes were kept, all showed a marked improvement both in the increase in the amount of hæmoglobin as well as increase in the number of red blood corpuscles. The average increase of the hæmoglobin was 2.2 per cent and of the red blood corpuscles 1,258,000."

Dr. Hugo Summa, of St. Louis, in an article in the *New York Medical Journal*, reports having treated thirty-four cases with Pepto-Mangan, Gude, partly cases of chlorosis and partly cases of secondary anæmia, occurring chiefly after subacute malarial and typhoid fever. Two cases of chlorosis and four of secondary anæmia he gives in abstract, in all of whom there was great improvement or complete recovery.

He says: "In conclusion I should like to state that similar good results were obtained in the remaining twenty-eight cases. It is especially worth while mentioning that no bad after-effects could be detected. In thls connection I call special attention to the absence of constipation that could be traced back to the use of this preparation. The dose varied from a teaspoonful to a tablespoonful three times a day an hour after meals, either in sherry or milk, according to the individual case, especially according to the condition of the digestive organs."

Dr. Chas. O'Donovan, of Baltimore, Md , in *The Medical News* of November 27th ult., and in April, 1889. speaks very favorably of the use of manganese in certain cases of dysmenorrhœa. The articles are too long for even brief abstract, yet it is a well-known fact that, as a rule, dysmenorrhœa, when not due to structural lesions of the uterus, or displacements, stenosis, etc., can with almost unerring certainty be traced to be dependent on an altered, depraved or deficient condition of the blood.

In my own hands and limited experience I can look back during a little over a year past with an extreme degree of satisfaction to the following:

CASE I.—*Gastric Ulcer, Acute.* Female, æt. 53 years, school teacher, previous health good for years, was suddenly attacked with profuse gastric hæmorrhage, which persisted at frequent intervals for three consecutive days. The loss of blood was alarming, and the amount and her general appearance justified the most unfavorable prognosis on the part of my associates in the case, who gave up the case as hopeless. The hæmorrhage subsiding, alimentation by the rectum solely and Pepto-Mangan by the same channel for two entire weeks was resorted to, nothing per oris except the least possible amount of ice water or crushed ice to relieve thirst ; then a cautious return to gastric alimentation and Pepto-Mangan by the stomach for four weeks more, when she returned to her duties. No other medicines were used other than an occasional hypodermic of morphia during the first week to allay restlessness and procure sleep.

CASE II.—*Occipito-Cervical Neuralgia.* Female, aet. 55 years. Her mother was a great sufferer from neuralgia all her life. Aided by one of our most experienced clinicians and general practitioners, no benefit was derived from the multiplicity of remedies tried, other than brief but unsatisfactory palliation, her suffering being so great that anorexia developed to an alarming degree. After three weeks use of the Pepto-Mangan (Gude) the clouds began to lift, and ten days later she was entirely well and has so remained since February last.

CASE III.—*General Sepsis following Miscarriage at Sixth Month.* Mother of three children, aet. 23 years. The physician in attendance relinquishing the case on the fifth day on account of illness, I was called in, and I found her in the hands of a *trained* negro nurse (?), who had been washing out the uterus with a female catheter, glass, and a family (Davidson's) syringe that had been long in use. This was one of the most desperate cases of general septic infection that I have ever seen recover, and when the symptoms of sepsis began to subside, after nearly four weeks of close watching and the most careful attention, during which time the temperature reached 106.2-5°, her condition of prostration was alarming. Under the use of Pepto-Mangan (Gnde) convalescense was fully established, and she is now again enceinte.

CASE IV.—*Bright's Disease.* Male, aet. 58 years. Theatrical machinist; a moderate and sometimes a hard drinker. Diagnosis in February last, chronic albuminuria of several years standing. Amount of albumen in three samples of urine examined, 37, 42 and 33 per cent., together with epithelial casts. Marked anæmia and great debility. Was compelled to give up his job before the close of the season. I placed him under treatment, but finding I was making no headway I advised him to go to Red Boiling Springs. This his financial condition did not permit. Left off all other medicines, gave him advice as to diet, and ordered Pepto-Mangan (Gude), one bottle. This he repeated, from time to time during the summer, and, although not cured, he is much improved. Says that he feels better than he has done for years, is strong, or seems so, and resumed his occupation, and has been steadily employed since the opening of the theatrical season this fall.

CASE V.—*Chlorosis and Amenorrhœa with Dysmenorrhœa.* School girl, aet. 16 years. Menstruation only occurring at irregular intervals of two or three months since entering her fourteenth year. Pale, anæmic, irregular appetite, at times complete anoxeria; when menstruation did occur it was very scanty, sometimes almost devoid of color and very painful; hsadaches, backache, constipation, with nearly all the other phenomena seen in such cases, showing up from time to time. Had been unable to attend school the last two years, though very anxious to do so. Having tried many other measures with but little satisfactory or permanent improvement, I was much gratified at the results from Pepto-Mangan (Gude,) which I commenced in July last. Her last three periods at intervals of twenty-eight days have been passed with the greatest satisfaction, each one increasing in volume, unattended with pain, and she seems now, from her active and vigorous condition, her appetite, her ruddy complexion, her gradual gain in weight from 76 to 103 pounds, to be well on the way to recovery, if not entirely relieved, and expects to again commence her schooling with the incoming year.

In these cases neither the hæmoglobin nor the red corpuscles were estimated by laboratory methods—nor was there any need. Each case, its progress and its results, have been so plain that "he who runs may read."

I could cite other cases of both primary and secondary anæmia in which I have had equally good results, but as they were not so marked, so severe and so critical, I will desist, concluding by fully concurring with the statement that is made, that "this preparation, Gude's Pepto-Mangan, when taken into the stomach undergoes no chemical change whatsoever. Being practically predigested it is readily absorbed by the mucous membrane of the stomach, the process of assimilation is easy, and the metals are taken up by the blood immediately."—Deering J. Roberts, M. D., Nashville, Tenn., in *Southern Practitioner.*

The attention of the profession is directed to the advertisement on another page of this issue of Park's Emulsion of Cod Liver Oil with Hypophosphites and Guaiacol, prepared by Messrs. Hattie & Mylius. This preparation cannot but appeal to physicians as being a very valuable combination. Ever since its introduction the sale of this Emulsion has been steadily on the increase, which speaks well for the satisfactory results obtained from its use.

Sanmetto in Enuresis Diurna et Nocturna.—Some years ago my attention was called to sanmetto as a remedy for troubles of the genito-urinary organs, particularly in men past middle life, and I have had some very gratifying successes with its use. Recently I was called upon to prescribe for two boys, eight and ten years of age respectively. Everything had been tried, including whipping, to break up the "habit" of wetting the bed at night, and one of them also his clothing in the day time. It occurred to me that sanmetto would be worth trying, and to the delight of every one concerned it has been perfectly successful; and now for the past six months and twelve months respectively, these boys have been entirely cured of this unfortunate "habit." Undoubtedly, the trouble was due to irritability of the prostate and mucous membrane of the bladder; hence the prompt and permanent relief afforded by sanmetto. I have written these few lines hastily, calling the attention of the profession to these cases, with the hope that others will try the same remedy for the same "habit."

Baltimore, Md. James A. Stewart, M. D.

A Very Grave Error.—The experience of many of the best men of the profession, not only of the United States but abroad, has established the clinical value of antikamnia. Among those who have paid high tributes to its value and who occupy positions of great eminence, may be mentioned Dr. J. Acheson Wilkin and Dr. R. J. Blackham, practitioners of London. They have found it of value in the neuralgias and nervous headaches, resulting from over-work and prolonged mental strain, paroxysmal attacks of sciatica, brow-ague, painful menstruation, la grippe and allied conditions. Indeed, the practitioner who has such cases as the latter come under his observation, who attempts their relief by opiates and stronger drugs, when so efficient an agent can be used, which is much less harmful, commits a grave error. Experience goes to prove that ten grain doses of antikamnia in an ounce of sherry wine, taken every two to four hours, will carry the patient through these painful periods with great satisfaction.—*Medical Reprints*, London, Eng.

THE

MARITIME MEDICAL NEWS,

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Original Communications.

REPORT OF A CASE OF PROBABLE THROMBOSIS OF THE LEFT MIDDLE CEREBRAL ARTERY.*

By J. A. MCKENZIE, M. D., Assistant Medical Superintendent, Nova Scotia Hospital for the Insane.

Mrs. A—, aged 42, a housewife of ordinary education, was admitted to the Nova Scotia Hospital for the Insane in December of 1896, suffering from symptoms of acute mania.

Previously she was admitted to the Victoria General Hospital, suffering from indolent ulcers, which existed on each leg, and had resisted all the methods adopted by her regular physician. While there she developed marked mental symptoms; though her husband admits that previous to her admission there, he had observed slight mental changes, such as that of being moody and irritable, in contrast to her former affability, but nevertheless attached no importance to the matter, rather ascribing it to the unsatisfactory results of her medical care. It was only a few days after her admission to the Victoria General Hospital that she developed well marked mental symptoms, became delusional, incoherent, irrational, restless, noisy and violent. Part of her delusions were visceral in type, as she believed her bowels, though operating regularly, were obstinately constipated. Another prominent delusion was that she was dead and could not speak. Identity seemed much impaired—could not tell who she was or whence she came. She would leave no form of dressing on her legs or clothes on her bed. Finally she became so uncontrollable that she had to be removed from the hospital general ward to the cottage, and there placed in a padded room, where she destroyed everything within reach. Her stay at the Victoria General Hospital extended over ten days, immediately followed by being admitted here.

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* Read at meeting of Staff Medical Society, Nova Scotia Hospital for the Insane, Mar. 22, 1899.

On admission here she was found to be a woman of medium height and weighing about 100 lbs. Aside from a superficial scar on the left cheek, the result of a slight scald when young, there seemed to be no marked physical peculiarities—no signs of degeneracy. She was fairly well nourished ; consciousness impaired ; incoherent and irrational ; attention could not be gained ; restless and delusional. For the first three days she continued about as on admission—refused food, sleepless, noisy both day and night, obstinate and profane, normal temperature, pulse about 60, respirations not taken. She was continually chatting and talking, changing rapidly from one subject to the other with no apparent connection. Her persistent refusal of food compelled feeding with the stomach tube but only required its use on two occasions, being followed by her taking food voluntarily. Notwithstanding that she would not permit dressings to remain on her legs, the ulcers were improving very well. Examination of urine exhibited a large percentage of albumin and casts.

A week after admission the motor excitement seemed to have increased—both hands and legs in constant motion, but no coordination in the movements. Had a dazed expression, indicative of some active cerebral disturbance, whether toxic or otherwise. Delusions still continued to change rapidly, with the exception of when she considered herself dead. When this delusion prevailed for any length of time she would insist on changing black stockings, then on her feet, for white ones, indicative of the great change through which she considered she had passed. This delusion, when dominant, was sometimes attended by an apparently assumed inability to open the eye-lids or to speak. This condition seemed like a reaction or resting spell after the motor excitement, and at times would last for two or three days. Occasionally she became very emotional.

Five weeks after admission she showed signs of improvement—becoming more coherent and rational ; memory returning. Attention could be gained and maintained and she appeared to be making rapid progress towards recovery. A visit from her husband at this time was followed by a return to almost the same mental condition as on admission. This relapse, however, only lasted two weeks when she was found to be again improving.

On March 15th she was considered almost completely recovered. Her memory for both recent and remote events, however, was very defective; could not recall names; at times even forgot her own name. There was marked œdema of the lower extremities, though the percentage of albumin was very much diminished. She complained of "rheumatic pains" in the legs which were probably due to the œdema or an alcoholic neuritis. After a week in bed the œdema and pain subsided and she increased in flesh, now weighing 126 lbs.

May 6th.—She was considered to be sufficiently recovered to be permitted to leave the institution. On that day, however, she was noticed to be somewhat stupid; not as bright or cheerful; stated herself she did not feel well, but could not define any particular illness. She remained so during the night with no marked change, till 7 a. m., when she was noticed by the nurse to be vomiting and apparently unconscious. The vomited matter consisted of a greenish substance resembling bile, with an admixture of mucus; pulse 48, slow but full; respirations normal; temperature normal; urine contained only a slight trace of albumin with no casts. A few hours later she regained consciousness to a certain extent. She was, however, apparently unable to fix her eyes on an object; pupils equal. She was unable to give any account of what had transpired, and, as she did not speak, it was at first supposed that she had again relapsed and developed her former delusions, with the addition that now she would not speak. (In her former attacks, though claiming she could not speak, she yet answered questions promptly.) On the following day she appeared brighter, and seemed to understand what was said to her, but would not talk. Occasionally she would indicate a knowledge of what was said to her by answering in pantomime. A slight paresis of right arm and leg could be detected, but no appreciable anæsthesia. The left side seemed normal. The tongue was well protruded and in the middle line. Reflexes about the same on each side and apparently normal. In a few days she returned to much the same condition as before the last attack, eating and sleeping well, conscious of her surroundings, but unable to talk. For upwards of a month she continued in this condition with a slight increase in the paresis of the arm, the leg recovering. Her power of articulation returned, at first in syllables and finally in words and sentences, but memory was still much impaired. Sometimes when endeavouring to express herself and being unsuccessful she became very emotional. Urine examined, but no albumin or casts found.

August 9th.—Her condition had not materially changed except that the arm and leg seemed to have regained their former power, but some incoordination of movement remained. Speech very much impaired: memory still impaired; she was fairly rational; and all the organs were apparently performing their functions satisfactorily.

On the afternoon of November 11th, she was again noticed not to be as bright as usual; rather drowsy and heavy; somewhat ataxic in gait. On the following morning while attempting to walk in the hall, she was observed to stagger and fall. When raised she appeared unconscious; made attempts at vomiting but was unsuccessful: when placed in bed the condition looked like an attack of syncope. After an hour or more she seemed to have partially regained consciousness, but was apparently again speechless. Tonic spasms of the muscles of the right side of the face, followed by a clonic spasm which seemed to involve more particularly the levator labii superioris alæque nasi, were now observable. The clonic spasm immediately followed the tonic, the whole action continuing from one to three minutes, with intervals between each spasm of the same length of time. When no spasm existed and the face was in repose, there was a marked lowering of the right angle of the mouth with a decided lack of expression on that side of the face. Occasionally during the clonic contractions of the face, a slight clonic contraction of the right arm was noticeable, followed by a slight paresis of the same arm. During these spasms she was quite conscious, for when a spasm was in progress she would endeavour to conceal it, by covering her face with a handkerchief or whatever she might have in her left hand, and resisted any attempt at removal, and if removed, would, when the condition passed off, become very emotional. When spoken to at this time she would endeavour to answer but would fail to articulate correctly, of which she seemed conscious. Occasionally she would say "yes" or "no," but was as often incorrect as otherwise. Sometimes she would indicate a knowledge of her incorrect answer by attempts to correct herself, but only with the result of repeating the word already said. The tongue protruded well in the centre; the paresis of the arm became more marked. During two weeks after this attack she only passed from eight to twenty-five ounces of urine per day, but no trace of albumin or casts could be determined. There was no appreciable œdema. She took an ordinary quantity of liquids, and did not perspire freely. Once or twice when she had the muscular spasms of the face she had difficulty in swallowing, but this was very temporary, recovering on each occasion in a few hours.

November 29th.—It was noticed that occasionally she still had spasms of the right facial muscles, but seldom averaging over one an hour on any day, while on the following day she might have none. She was unable to raise the right arm now without the aid of the left hand. The muscles of the right hand also seemed very much weakened, both flexors and extensors. No defect of power could be observed on the left side. From that date on for some time portions of her defects seemed improving slightly; articulate speech seemed the most fixed; the paresis of the hand was slowly improving and what little paresis of the right leg observed appeared also to be passing away. She preferred to use the left hand for any exact coordination of movement, while before her illness she was right handed. She had to be fed by the nurse, as the muscular sense of the right arm was so imperfect, while the left hand had not yet become sufficiently dextrous to enable her to feed herself.

Her condition on March 21st. is as follows:—Weight about 150 lbs.; excretions apparently normal: temperature, pulse and respiration normal; superficial and deep reflexes slightly exaggerated on the right side; no appreciable anæsthesia; urine contains no albumin but an excess of urates; she is unable to write, either spontaneously, from copy or from dictation; neither can she read, though a paper given her wrong side up is immediately reversed and correctly held. She evidently sees the reading matter but it conveys no idea of its meaning. A pen or pencil given her she holds correctly except for a slight weakness in the adjusting of the fingers, and she applies it correctly to the paper but is unable to indicate anything in the shape of a letter. She understands what is said to her, and will perform acts, when told, requiring a limited amount of memory. She is able to distinguish colors: for when asked to select a certain color from several different ones will invariably do so correctly. Knows the use of articles, for when told to use a key will put it in a key hole and try to turn the lock. I have not been able to test the visual field definitely, though she appears to discern small objects at ordinary distances or positions in her visual field. The paresis of the right arm and hand has recovered to a considerable extent; she can raise it without any assistance, though the muscular sense seems very imperfect. At present there is a marked paresis of the right leg which has rapidly increased during the last three days, and is so paralysed now that she is unable to stand unsupported. Her power of speech is also becoming more defective, and she is inclined to laugh or cry on the least provocation.

From the foregoing symptoms it would seem that she has motor aphasia, motor and sensory agraphia, word-blindness, and probably amnesia, or the inability to recall names, for she exhibits a recognition of the name when spoken; also a right arm and leg paresis. At present no paresis of the facial muscles can be noticed, no difficulty in swallowing, and tongue is well protruded in the middle line. All the above conditions appear now to be stationary with the exception of the paresis of the right leg which appears to be increasing quite rapidly. The other varieties of aphasia such as apraxia, paraphasia and word-deafness are not to be detected, and the motor and sensory condition of the left extremities are unimpaired.

It is generally accepted as a fact that certain regions in the brain cortex preside over certain functions of the body and mind, and that lesions involving those areas, or the nervous tracts leading to or from them, produce certain disturbances of function in the regions innervated by these cortical areas. Or, in other words, the several parts within each bodily region are represented throughout the whole of the corresponding brain region. This however does not prevent each part from having its *focus* at one spot within the brain-region. The various brain-regions merge into each other in the same mixed way, or, as Mr. Horsley says: " There are border centres, and the area of presentation of the face merges into that for the presentation of the upper limb. If there was a facial lesion at that point you would have the movements of these parts starting together."

From recent investigations on brain cortical localization it is learned that a brain lesion resulting in motor aphasia is situated in the posterior part of the inferior or third frontal convolution, (or Broca's convolution, as it is sometimes called), and perhaps in the contiguous region of the anterior central convolution. Lesions in the motor conducting paths below this region of the cortex also produce motor aphasia. The lesion producing word-blindness involves the angular gyrus and the supramarginal convolution. The situation of the lesion resulting in motor and sensory agraphia, has not yet been definitely determined, but recent investigations lead to the belief that it is found in the motor centres for the fingers, in the posterior central convolution. A lesion resulting in paresis of the right hand is found, in righted handed persons, in the middle third of the left anterior and posterior central convolutions. The upper third of the same convolutions preside over the functions of the right leg.

From the foregoing, to produce the symptoms at present manifest in the case under discussion, there is likely a lesion involving the brain cortex for each of these functions or the conducting fibres from these centres.

There are three frequent locations for disturbances in articulate speech, namely: cortical, subcortical and the anterior two-thirds of the internal capsule. The motor aphasia, from the first, being the most persistent symptom, is chosen as the one by which, if possible, to distinguish the location, not that at all times any one symptom can be chosen to the exclusion of others present and a positive diagnosis determined.

Gowers maintains that a motor aphasia, the result of a lesion in the anterior two thirds of the internal capsule, is only transient, and is soon recovered from, and is generally a motor aphasia with no other aphasic symptoms. This has not been the experience in our case, as the history shows. The speech recovery, he considers, is due to the fibres from the left speech centre to the corpus callosum being intact; the speech process arranged on the left side finds expression through the corresponding centre on the right side, and thence through the right internal capsule.

If the lesion is immediately beneath the cortex the callosal fibres are interrupted, as well as those to the internal capsule, and the loss is as permanent as if the centre was destroyed. But if, in this case, there was a subcortical lesion producing each abnormal symptom present, both motor and sensory, there would be such an involvement of brain substance that few if any brain functions would be intact, as well as more marked mental symptoms. So it would appear that the lesion must be seated in the cortex.

There are other minor points that could be elicited in favor of the view of the lesion being cortical but time will scarcely permit a further consideration.

The middle cerebral artery divides, opposite the island of Reil, into four branches. These lie in the sulci of the insula and then pass on to the surface of the hemisphere, having the following distributions, viz:—one to the third inferior frontal convolution, one to the lower two thirds of the ascending frontal and the root of the middle frontal, one to the whole of the ascending parietal, superior parietal and adjacent parts of the inferior parietal and often to a small part of the ascending frontal.

The fourth branch is distributed to the posterior limb of the fissure of Sylvius, viz: part to the inferior parietal lobule (supramarginal and angular gyrus), posterior extremity of the superior parietal lobule and the hinder part of the first two temporal convolutions. Sometimes the last mentioned branch has two large branches arising near its origin and distributed to the anterior part of the first and the greater part of the second temporal convolutions. Occasionally the blood supply to the two last mentioned convolutions, instead of being a branch or branches of the fourth division of the middle cerebral, is a distinct branch of its own and divides separately from the other four branches. This is probably the condition in this case. The four first named branches supply all the cortical regions considered diseased in this case, but there is no involvement of the auditory centre, or the tempero-sphenoidal convolutions, which, as stated, are likely supplied by a fifth division of the left middle cerebral artery.

From the foregoing conditions and symptoms I conclude that there is likely an obstruction to the blood supply of the brain cortex in these diseased regions, due either to embolism, thrombosis, or hæmorrhage from rupture of the wall.

That the three likely conditions producing such disturbance in circulation often resemble each other in point of symptoms, renders a diagnosis doubtful. Embolism and hæmorrhage are sometimes identical in symptoms, the cause producing one often also producing the other. In such cases a provisional diagnosis can only be made from attendant circumstances.

Embolism is usually associated with cardiac valvular disease, thrombosis of the heart or aneurism of the arch of the aorta, none of which can be determined in this case. At the same time the presence of these conditions does not preclude the occurrence of cerebral hæmorrhage. Again, embolism is comparatively more frequent before the age of 40, while renal disease is more frequently found in cases of hæmorrhage. The paralysis in embolism is oftener of the right side than of the left, which is the opposite in hæmorrhage. Moreover, the paralysis from embolism, if it does not disappear in three days after the seizure, does not gradually fade away, as it so frequently does, to a great extent, in hæmorrhage. In this case, determined by the early history, there is probably disease of the vessel walls. She was an alcoholic with almost an unquestionable history of syphilis (though never admitted) and, on admission, albuminuria. She likely has an endarteritis as a result of degeneration of the vessel walls due to the above mentioned diseases. As a result of this endarteritis the calibre of the vessel is diminished and the blood is primarily obstructed in its course, even before the beginning of the formation of a clot. In addition, the internal coat of the artery is roughened and the fibrin of the blood is readily caught and deposited upon it. Little by little the layer becomes thicker from fresh accretions, until finally the vessel is entirely occluded. The onset of the symptoms, the occasional exacerbation of symptoms following each attack, together with the gradual tendency to extension of the disease, with eventual complete cessation of function in the portions at first only slightly affected, point towards thrombosis as a cause.

In hæmorrhage, generally between the attacks there is almost complete if not complete restoration of function, while in thrombosis the contrary is the case. Also, in hæmorrhage it is not the rule to have very marked mental symptoms, while in thrombosis the mental symptoms are well marked and there is a tendency towards dementia which looks like the probable mental termination in this case. The mental symptoms of acute mania manifest in the earlier stages of the disease were probably due to the incomplete supply of blood to the parts supplied by the branches of the left middle cerebral artery; the mental symptoms being much like those found in such cases. The irritation of the facial muscles following the last exacerbation was probably due to lack of nutrition of the cortical area innervating those muscles, and the absence of a following paralysis may be explained by a collateral circulation being established. At the time of the facial muscle spasms there were occasionally associated twitchings of the right arm, which indicated some irritation in the lower third of the anterior and posterior central convolutions. Worthy of notice, too, is the fact that it was following this attack the motor and sensory agraphia became observable. From a comparison of past and present symptoms there is probably a process of softening going on in the diseased brain centres, due to a lack of nutrition, and indicated at present by an extension and involvement of the upper third of the central convolutions or leg area, as the paresis in the right leg is becoming well marked.

PATENT AND SECRET NOSTRUMS.

By R. MacNeill, M. D., Stanley Bridge, P. E. I., President of the Maritime Medical Association.

Medical men in all ages have been the bravest and stoutest defenders of the public health. When sanitary questions or quarantine were uppermost, our profession were foremost with their advice and counsel, regardless of their personal comfort or pecuniary gain. Strange to say the public still look upon us with distrust and favor the charlatan and patent nostrum vendor with favor and friendship. Proprietary and patent medicines are now worse than the " green goods " swindler, with boldness advertising and pushing their sales in every corner of the civilized world. Our legislatures appear not to have the wisdom or ability to cope with this matter and enact laws to protect the public from such wholesale and retail slaughter. If medical men would adhere strictly to the British Pharmacopœia and its preparations, the public and also the druggists would be protected from the floodgates of patent and proprietary preparations. The drug business, from the apothecary standpoint, would be worth following, and, as was originally intended, be the hand-maid of the medical profession. How is this evil to be remedied ? By united action on the part of the profession. The legislatures should be appealed to, as they have undoubtedly police powers as part of their prerogatives. An act should be passed requiring the formula of every secret nostrum and patent preparation to be printed on the label and a sworn declaration fyled, open for the inspection of the public, with the provincial or colonial secretary of each province. Our provincial legislatures have perfect right to require this, and not only that, but, as these preparations make our people pay a professional fee to a foreign concern or a foreign doctor, it is high time to protect our people by requiring these preparations to pay a tax in support of our governments. In no instance should an article under an assumed or proprietary name be offered for sale, unless the formula is printed on the label or circular. The public can never be protected from imposition and fraud till this is done, and, as public benefactors, our profession must wake up and appeal to our legislators to pass the required laws. This question might very well be considered at the next meeting of the Maritime Medical Association, and the legislatures of the Maritime Provinces be appealed to as soon as possible. The druggists of the various provinces and the pharmaceutical associations should be invited to send delegates to our meeting in Charlottetown next July, to discuss and elaborate a plan of action.

I trust this subject will receive attention, and that the temperance and moral elements in every community will sustain us. Rum shops in disguise by irresponsible and unprincipled druggists would not then find a resting place, as there would be no necessity for druggists to be tempted to sell liquor as a way of supporting themselves, aside from their legitimate trade and business. Pharmacy and the medical profession are injured by this open system of quackery, but not one fraction of the extent of injury that is inflicted upon the public by the sale of these secret nostrums. Let us have an opinion from the various members of the profession, as well as druggists, on this matter. In the multitude of counsellors truth is established, and it is hoped that abler pens will further enlarge upon this subject.

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LEUCOCYTOSIS.*

By W. L. Ellis, M. D., St. John, N. B.

Leucocytosis broadly defined is an increase in the number of leucocytes in the blood, and this increase may be relative or absolute; when relative the whole number of white cells is increased, and when absolute the leucocytes alone are involved. It was for a time considered that leucocytosis consisted in an aggregation of these cells in the peripheral circulation, without any increase in the whole number in the blood, and some observers still hold to this view, but recent investigators claim that the blood throughout the body shows an absolute increase in polymorphonuclear neutrophiles.

The importance of a thorough examination of the blood in all clinical investigations is now recognized, and its importance from a diagnostic or prognostic point of view varies with the nature of the case. Dr. White has, at a previous meeting of this society, discussed the changes in the primary anæmias, and I propose to review some of the ground covered by him in describing the characteristics and origin of the white blood cells. The white corpuscles of the blood are of two distinct varieties, the hyaline and granular; to the former belongs the lymphocytes—small and large lymphocytes and transitional forms—which have their origin in the lymphoid tissue, lymphatic glands, and Malpighian corpuscles of the spleen from spherical cells with large nuclei and a small amount of hyaline protoplasm. The granular variety includes the polymorphonuclear neutrophile or ordinary leucocyte, the eosinophile and also the two pathological cells, the myelocyte and the eosinophilic myelocyte.

Polymorphonuclear neutrophiles have been recently shown to arise in the bone marrow by mytotic division, from large mononuclear cells with spherical or oval nuclei and finely granular protoplasm, showing neutrophilic reaction; eosinophiles also arise from similar cells with coarsely granular protoplasm. This explodes the theory that the white cells all have their origin from the small lymphocyte of the blood, which was supposed to increase in size, producing the large lymphocyte, the nucleus of which became indented, forming the transitional form, and, its nucleus assuming granules, the polymorphonuclear neutrophile and eosinophile resulted.

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*Read before St. John Medical Society, January 11th, 1899.

The following classification groups the white cells, normal and pathological, according to the character of their protoplasm, and shows also the approximate percentage in health and the condition produced by a pathological increase :—

Physiological.	Hyaline.	Small Lymphocyte,	28 %	Lymphatic Leukæmia.
		Large Lymphocyte,		
		Transitional Form,	2 %	
	Granular	Polymorphonuclear Neutrophile,	68 %.	Leucocytosis.
		Eosinophile,	2 %.	Eosinophilia.
Pathological.		Myelocyte,		Splenomyelogenous Leukæmia.
		Eosinophilic Myelocyte,		

An increase in lymphocytes and the presence of myelocytes is found in conditions other than above, but not to such a marked degree.

In conditions where leucocytosis exists, the following changes are noted in the bone marrow :—

1.—General absortion of fat of the bone marrow.

2.—Hyperplasia of large cells with oval nuclei and fine granules which are the source of the leucocytes, and the number of mytotic figures present shows that the cells are undergoing rapid multiplication. The cells derived from this multiplication are finely granular amœboid cells which enter the blood and become the leucocytes.

In normal blood the number of leucocytes varies between five and ten thousand per cubic millimeter, but in disease this number may rise to one hundred thousand or more.

The causes which give rise to leucocytosis are either physiological or pathological.

Physiological—of new born, during digestion, during pregnancy and parturition, following exercise, cold bathing, massage, etc.

In the above, the leucocytosis is always relative, i. e., there is always a general increase in all the white cell elements of the blood. This physiological change does not concern us much at present, but the fact that such a change does take place, must always be kept in mind when estimating the number of cells for clinical purposes, and the examination timed, so that no natural cause of a rise in leucocytes may be mistaken for or complicate a pathological change.

Pathological leucocytosis—following hæmorrhage : of infection and inflammation ; toxic leucocytosis ; of malignant disease.

Here the increase in the leucocytes seems to be an effort on the part of the organism to protect itself against the invasion of disease, or, the disease ensuing, to resist its advance, and the leucocytosis varies to some extent according to the severity of the disease and the resisting power of the patient;

Thus in mild infection with good resisting power, leucocytosis is small;
" " severe " " " " " " is marked:
' " severe " poor " " " is absent;
and in these latter cases the termination is almost invariably fatal.

In leucocytosis after hæmorrhage the degree depends on patient's power of recuperation rather than amount of blood lost, and as the anæmia subsides the number of leucocytes falls. So in leucocytosis of infection the degree of increase in white cells bears little or no relation to the amount of product of the inflammation present. Thus a small localized abscess may show as marked an increase as a general septic infection.

Toxic leucocytosis is seen following etherization, uric acid diathesis, poisoning by illuminating gas, ingestion of salicylates, injection of tuberculin, and other toxins.

Malignant disease, in disseminated and rapidly growing forms, shows an increase in leucocytes, as a rule more marked in sarcomata.

The following are some of the most important prognostic and diagnostic points to be gained from the presence or absence of leucocytosis in disease:—

In malignant disease a steadily rising count foretells a fatal termination.

Uncomplicated typhoid fever, measles, and all forms of simple tubercular infection except meningitis do not show any leucocytosis.

In pneumonia the leucocytosis may appear before the physical signs, as in central pneumonia. Absence in any but a mild case is a bad prognostic sign, the termination almost invariably proving fatal. Thus in 408 cases 29 showed no signs of leucocytosis and 28 died. The count in pneumonia begins to fall before the temperature but reaches normal after it, and it does not fall in a pseudo-crisis, and in cases of non-resolution and consolidation after drop of temperature the leucocyte count continues high.

In typhoid fever the appearance of a leucocytosis would point to perforation, otitis, phlebitis or some other complication, rather than a relapse.

In diagnosis between scarlet fever and measles leucocytosis favors the former.

In diagnosis of appendicitis, presence of leucocytosis would exclude typhoid fever, simple obstruction of bowel, uncomplicated biliary or renal colic, impaction of fæces, ovarian neuralgia, floating kidney and many other non-inflammatory conditions referrable to the abdominal organs.

There are many other diseases, medical and surgical, in which a knowledge of the leucocyte count is of great value but the above will suffice to illustrate what an important factor this symptom is both in diagnosis and prognosis.

Clinical Notes.

PREGNANCY COMPLICATED BY HYDATIDIFORM MOLE. —EPILEPTIC CONVULSIONS DURING LABOR.

By A. HALLIDAY, M. B., C. M., Shubenacadie, N. S., Lecturer on Biology at Dalhousie University.

The following case is of interest more from a diagnostic standpoint than from a pathological one.

Mrs. J. G., multipara, had several children born at full time but aborted in summer of 1896 when she was attended by Dr. Murray, of Stewiacke, whose case this really was, but as I saw her with him several times and was present at the termination, I take the liberty of reporting it.

Early last winter Dr. Murray was called to see patient, (who was, according to her account, about 5½ months pregnant) for uterine hæmorrhage. This was easily enough controlled at first but she continued to bleed every little while and Dr. Murray asked me to see her with him. On examination one could feel the fœtus through the uterine wall but it seemed as if a thick padding were interposed between it and the finger. We concluded that it was a case of placenta previa and left instructions that the one or other of us should be called immediately if hæmorrhage of any account should show itself. A week or so afterwards Dr. Murray was called and I happened to be in the vicinity. I went there shortly after him.

When I got there the hæmorrhage had ceased but the patient was having fairly strong uterine contractions. She was now about 6½ or 7 months advanced. The os dilated sufficient to allow the introduction of first one finger and then two. We then found that by deflecting the fingers we could get around the edge of something, which to the touch had exactly the physical characters of the placenta. Further, we could get hold of the cord, a loop of which was hanging down and we imagined we could trace this into the mass. (In this we subsequently found we were wrong.) Here then we considered we had a placenta presenting, but where was the hæmorrhage?

My hand being smaller than Dr. Murray's I could reach higher, so I continued to work it up till I could get two fingers beyond it. By

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* Read at N. S. Branch British Medical Association, Feb. 8th, 1899.

using a little traction I felt that it would move, so with Dr. Murray's concurrence I decided to go ahead and remove whatever was there, placenta or no placenta.

This I did, and gradually managed to get it loose and bring into the vagina the whole mass. It proved to be a hydatidiform mole. It was composed of numerous vesicles held together by a connective tissue. In form and size it was exactly like a placenta at full term. The remainder of the labor was quite easy and normal and in a short time a premature child was born and everything terminated normally.

I have attended a good many confinements since I commenced practice, but I certainly never met with anything which was more confusing diagnostically than this was.

Was the hydatid the development of returned placental tissue from the previous abortion or the result of a twin pregnancy ?

Patient in this case was a miners' wife in the north of England, and as it was one of the first cases I had attended alone it gave me some anxiety.

Mrs. A. was a multipara, having had four children previously. After her last confinement she had fits and had been an epileptic all her life.

I was called about 11 o'clock in the forenoon and found the os only very slightly dilated. I went away and was again sent for about 5.30, being told that the pains were coming pretty regularly. I, however, found the os only very little more dilated, but pains continued. About 6.30 she began to take epileptic seizures and the convulsions, which were of the genuine epileptic character, would alternate with the pains. I at once had the urine examined and found no trace of albumin. I gave some potassium bromide but might as well have given cold water, and she strongly objected to chloroform. The pains continued and the convulsions continued, till I managed to get the os dilated sufficiently to allow me to use the forceps.

It turned out however that twins were present but there was no more trouble after the first child was born.

The patient must have had in all between twenty and thirty convulsions —some pretty severe and others light. She, however, made a very good recovery, and as far as I am aware, did not have any more " fits " for two years, although previous to this she had often had genuine epileptic convulsions.

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Editorial.

THE COUNTY CARE OF THE INSANE.

In our last issue attention was drawn in a general way to the reports of some of our charitable institutions. At this time we wish to refer to some topics contained in the Report on Public Charities that ought to appeal to each member of the profession throughout the province. To some facts, especially in Dr. Page's farewell report, we wish to draw attention.

In our Hospital for the Insane, at Mount Hope, we have unquestionably a very fine institution, well officered, well managed, and showing results in the cure of mental disease which compare favourably with any similar institution. But for years it has been crowded and it is evident that the time has come when further delay in providing accommodation verges on culpable neglect.

We have only to read Dr. Page's report on the County Asylums to see that many unfortunate patients are confined in these who should certainly have quarters in the Hospital at Mount Hope. It is unjust to the unfortunate lunatic that he should be deprived of the prospect of cure or amelioration, which residence in a proper hospital and the attention of skilled specialists in mental disease might offer. And it is unfair to the other inmates of these asylums or poor houses, and to those in charge of them, that violent and filthy lunatics should be associated with them. It was our impression that none but the " harmless insane " were to be kept in these county asylums. But a perusal of Dr. Pages's interesting and frank report shows that at least *forty* violently insane persons are lodged in our county asylums for " harmless insane." We have only to think of the ceaseless anxiety which the care of such persons must cause to the keepers, or of the daily and nightly terror which their presence must inspire in their fellow-inmates, to see that it is imperative that such cases should find quarters in the proper place, and that is at Mount Hope. The tragedy at the County Asylum of Annapolis is still fresh in our minds. We have further good reason for believing that occasionally cases of acute insanity are sent to these asylums, instead of being sent to Mount Hope, and thus it may be the very time at which treatment is most likely to be useful is lost.

It is also evident that these asylums are frequently undermanned. Take for instance the Inverness County Asylum, with 99 inmates, 97 of whom are insane, *ten of these* " *violent* " and ten " filthy," and only the keeper, matron, and five assistants to attend to all duties. No wonder the walls and ceilings are blackened, the windows dirty, and the plaster " broken in several places." Then, at Bridgetown, in the Annapolis County Asylum, the keeper and matron have only two assistants, and there are 37 insane patients, *four of these* " *violent*," and seven " filthy." There are considerably over 300 insane patients in our county asylums, many of these violent and filthy.

This plan of establishing county asylums may have been well intended; it is evidently grossly abused. It was probably adopted for economical reasons—a most false econony! For the sake of a paltry saving in taxation an injustice is done to the poor and afflicted. But it is very doubtful if any real saving is effected. In our opinion all the insane poor of the province should be under one common management. The acute cases would form one department and the incurable chronic cases another. The violent and dangerous would be under complete control, and there should also be a department for convalescents. It is not a question of expense, it is one of humanity and justice.

There are several points remaining to be noted in Dr. Page's report. We are grieved to read of insanitary conditions, bad ventilation, overcrowding (in the building at Sydney 40 men now occupy the space intended for 25,) and unsuitable beds. And we are struck by the frequent inefficiency of fire protection. Proper fire escapes should be *imperative.*

We trust the report will be carefully studied by all our readers. Dr. Page, in retiring, has laid his hand on many of the weak points in our present system. Dr. Sinclair now takes his place, and those who have watched his career and who know what his earnestness and devotion have done for the Hospital at Mount Hope, can have no doubt as to his line of action.

INTERPROVINCIAL REGISTRATION.

This all important subject is the one engaging the attention of the profession throughout Canada at the present time. Heretofore there have been some reasons which have prevented this matter coming to a decisive understanding. At the last session of our legislature "An Act to Amend and Consolidate the Acts relating to Medical Practitioners and the Practice of Medicine," was passed with one or two amendments added by the Legislative Council. This Act was introduced by a representative portion of the profession to show that Nova Scotia was willing to follow in the footsteps of some of the other provinces. It is a question, however, if the new Act can be considered better than the one at present in force, but it was felt that by passing such an Act the goal of interprovincial registration and ultimately reciprocal registration with Great Britain could the sooner be attained. The new Act simply means that all candidates for registration must undergo an examination in the usual subjects unless already duly registered by the General Medical Council of Great Britain. The examiners shall consist of two for each subject and only one of the two can be attached to the teaching staff of any medical school. As the Act will effect only those who are about starting the study of medicine, we trust that before the necessary four years have elapsed, interprovincial registration will be an accomplished fact.

Our registrar, Dr. Lindsay, who deserves due credit for the keen interest he manifests in interprovincial registration, lately received a letter from Dr. Roddick, who is by all recognized the leader of the movement. Dr. Roddick recently addressed very representative meetings of the profession in Toronto, Ottawa and Montreal on the subject and also arranged for a meeting of the medical men in the Dominion Parliament. His address we expect to receive shortly and hope to refer to it in our next issue. The esteemed president of the Maritime Medical Association, Dr. MacNeill, is also an enthusiastic worker in this important matter, and it is fortunate that we will have him as our guide at the meeting of the Association this summer.

A very concise scheme in reference to carrying out this object is referred to in a letter by Dr. A. Lapthorn Smith of Montreal on page 130 of this issue, and is worth careful perusal by our readers.

MEMORIAL TO DR. JOSEPH O'DWYER

A committee of over forty physicians, representing sixteen different medical societies of the city of New York and including representatives of both schools of medicine, has been formed for the purpose of doing honor to the memory of Dr. Joseph O'Dwyer.

The first meeting was held at the N. Y. Academy of Medicine, November 22nd, 1898, under the chairmanship of Dr. J. D. Bryant, and was mainly devoted to organization. Dr. Geo. F. Shrady was elected permanent chairman, and Dr. Alfred Meyer permanent secretary, and the following committee on scope and plan was appointed: Dr. Dillon Brown, chairman, and Drs. Robert Abbe, R. G. Freeman, L. Emmet Holt and Louis Fischer. At the second meeting held at the Academy of Medicine, March 13th, 1899, the report of the committee on scope and plan was adopted and now only awaits final action of a meeting of the full committee.

The memorial to Dr. O'Dwyer will probably take an educational form, for by the plan now outlined it is proposed to raise a fund of $30,000, the interest of which shall support two O'Dwyer Fellowships in Pædiatrics, open to competition by physicians who graduate in the United States and to be held by the successful competitors for a period of two years. During this period they must furnish satisfactory proof of their engagement in original research work to a committee of five, one of whom shall be appointed by the President of Harvard University, one by the Dean of the Johns Hopkins Medical School, one by the Provost of the University of Pennsylvania, one by the President of the University of Chicago, and one by the President of the New York Academy of Medicine.

Many details of this general plan are still to be arranged, which it shall be the agreeable duty of the secretary to furnish to the medical press of the country so soon as they are finally decided. This preliminary notice has for its object merely to acquaint the profession with the fact that a movement of this nature is on foot, and that an effort will be made to give it the international character so fitting as a memorial to an investigator of international reputation.

A STITCH IN TIME MAY SAVE NINE.

The prevalence of small-pox in many widely separated parts of the Dominion and of the United States is a matter which demands our attention. In these days of rapid transit and easy travel, more than in any past time, is it true that eternal vigilance is the price of freedom, and it cannot be too strongly urged that when small-pox exists so near to us as Ontario and Maine, we are in definite danger of its appearance in our midst. A watchful eye should therefore be maintained by every medical man, and the greatest care taken that no case is allowed to pass unnoticed, nor to escape that strict supervision and hygienic control which our knowledge indicates. Neither should it be forgotten that prevention is better than cure, and all physicians should insist upon the propriety of vaccination at this juncture. We are fortunate to-day in having access to much more reliable vaccine than could be procured in the past. In glycerinated vaccine we have an ideal preparation, to which objection cannot be taken even by the most rabid anti-vaccinationist. Of course to secure the best results, a thoroughly reliable virus must be used, and the undoubted superiority of the glycerinated vaccine over the older preparations should bespeak for it universal use. The reputation of the New England Vaccine Co's virus has always been excellent, and of late the well known firm of Parke, Davis & Co., have placed a vaccine on the market, for the reliability of which the name of the firm is a guarantee. The News can conscientiously recommend the product of either of these firms.

* * *

Correspondence.

INTERPROVINCIAL REGISTRATION.

Editor Maritime Medical News:

DEAR SIR,—The present time is a most favorable one for the movement which is being so ably furthered by Dr. Roddick, our popular and influential representative in the House of Commons. Not only have we Sir William Hingston to support him in the Senate, but at the present time the Provincial Legislatures are all in accord with the Federal Parliament, and will do almost anything which the latter may ask of them. The colonial secretary, Mr. Jos. Chamberlain, is most favorably disposed towards Canada, and with his immense influence could obtain for us any legislation we might require. With the whole profession in Canada in favor of it, and the Provincial Medical Boards and Legislatures raising no objection to it I think that there would be no insurmountable difficulty in getting a short act passed by the parliament of Canada and even if necessary by that of Great Britain.

I would, however, like to point out a much simpler method of obtaining what they desire; namely by changing the name from Dominion Board to University of Canada. There is nothing in the British North American Act to prevent the Parliament of Canada from granting a charter to a University of Canada with power to grant degrees in medicine, the holders of which would be entitled to practise in all parts of Canada. The act granting this charter could if necessary be ratified by the British House.

As the University of Canada would be an examining body, and not a teaching one, it would in no way interfere with the rights of the Provincial Boards or Medical Schools which would continue to carry on their work precisely as they are doing at present, for those who were satisfied to practise in their own province only. Those who wished to practise all over the Dominion must pass through a uniform portal, the barriers of which should be at least as high as those of any provincial board; and that portal would be a matriculation and final examinations of the University of Canada. Even when armed with this degree its holder must obey the same regulations and pay the same fees annually as the other practitioners of the province in which they desire to practise. By calling it the University of Canada it would become a national institution and an object of national pride, so that the Government of Canada would come to its aid financially during the first few years, after which it would be self-supporting. I do not see any difficulty either in the matriculation or final examination. Some man of high standing would be appointed in each provincial capital or chief city to hold the entrance examination simultaneously. Sealed examination papers would be sent to him some days before, but would only be opened by him after all the candidates had entered and the doors were locked; this would be taking place at the same hour and minute in the seven distant cities from Vancouver to Halifax. When the allotted time was up, the papers would be signed and sealed by the examiner and forwarded to the central committee, who without knowing the writers name would apportion the merited marks, and forward certificates. On presentation of these certificates and proof of five years study of medicine these candidates could come on a fixed date every year before the examiners of the University, who would be chosen from the present provincial examiners or other eminent teachers. As to the clinical examination, the committee on clinice together with all the candidates could take a two hour and a half ride down to Montreal and hold the examinations at the big hospitals, and return to Ottawa the same or the following day. As soon as the results of these examinations had been added to the others the convocation could be held and the degrees be signed and given by the Governor General. The examination might be more severe on practical subjects for those who had been over ten years in practice and more severe in theoretical subjects for those who had just left the medical school. The fees should not exceed fifty dollars which with a government grant of ten thousand dollars a year for ten years would be ample to defray oll expenses, as examinations would be held only once a year in the month of June.

Trusting that you will lend the great weight of your personal and editorial influence towards the remeding of this anomaly, I remain

Yours sincerely,

Montreal. A. LAPTHORN SMITH.

Society Meetings.

ST. JOHN MEDICAL SOCIETY.

Dr. G. A. B. Addy, President, in the chair.

Feb. 1st.—Dr. Crawford read a paper on "Antisepsis and Asepsis in Eye Surgery." The pathogenic germs formed in the conjunctival and lachrymal sacs were referred to. It was stated that the most useful solution to wash out the eyes previous to operation was three-fifths of one per cent salt solution used daily for one week. The best methods for sterilizing eye instruments was also described.

Dr. McIntosh considered the dread of germs was to be chiefly held in those cases where they had made inroads before coming under observation. All individuals do not bear equally well the application of antiseptics to the cornea. Negroes are more susceptible than the white race in this respect.

Feb. 8.—An interesting paper was read by Dr. W. W. White on "Darwin's Theory of Evolution."

Feb. 15.—Pathological specimens.

Microscopic sections of the tape-worm were exhibited by Dr. Ellis.

The President showed (*a*) malignant disease of head of pancreas, duodenum and pylorus, (*b*) gall stones.

Dr. Murray MacLaren reported a case of round-celled sarcoma of ovary in a woman aged 30, with numerous secondary growths of the peritoneum and showed (*a*) urine in a case of renal calculus and (*b*) dermoid tumour of ovary. This was removed from a woman aged 60. It was large and contained sebaceous matter, hair and teeth.

Feb. 22.—Dr. Scammell reported a case of puerperal mania. Several similar cases were reported by other members.

March 1.—Dr. Scammell, Vice-President, in the chair.

Dr. J. W. Daniel opened a discussion on "The Present Epidemic of Influenza." The onset is sometimes gradual, sometimes sudden, and the types are respiratory, gastro-intestinal and cerebral. Pneumonia, lobar or an insidious form was a frequent complication, while meningitis and pericarditis have been occasionally observed.

In the discussion which followed, six members gave their personal experiences, having been sufferers from the epidemic. No medicinal remedy was found to act as a specific. Rest in bed was the most effective treatment.

March 8.—A demonstration of the macroscopic anatomy of the brain was given by Dr. Ellis.

Dr. Roberts read a paper on "The Foundations of Rational Treatment and their Application Generally to Pathological Conditions of the Liver." Rational and empirical methods of treatment were discussed and then the various indications of hepatic disorder were pointed out and appropriate therapeutics suggested. Diet and chologogues were thoroughly considered.

March 15.—"Spina Bifida." Dr. Emery presented a female infant aged 14 months, showing this condition. There was a pedunculated tumour, about the size of a pigeon's egg, situated at the top of the spine. It was compressible and varied in size—crying caused a marked increase. The child was otherwise healthy and there were no disturbances arising from the condition. The sac was slowly enlarging. The treatment adopted in such cases is either injection of Morton's fluid into the sac—mortality thirty per cent, or excision—mortality twenty-five per cent. When left alone 75 to 80 per cent died before or about the first month.

Dr. T. D. Walker referred to a case of meningocele of the occuput causing difficulty in labour, and another case in which the site was the sacro-lumbar region. In the latter, the sac was excised and progress was satisfactory up to the tenth day, when the child, aged three months, weakened and died.

The members generally favoured excision as the method of treatment.

March 22.—Dr. G. A. B. Addy, President, in the chair.

Clinical cases.—Dr. T. D. Walker exhibited (*a*) tic douleureux in a male aged 24. The remedies found to be most serviceable were chloride of ammonia and antipyrin. The neuralgia had improved considerably. (*b*) Exophthalmic goitre, in a young man, (*c*) diabetes mellitus—codeia and diet was the treatment employed.

Dr. Wheeler referred to phosphate of soda as a valuable remedy in exophthalmic goitre.

"Pityriasis Rosea."—Dr. Melvin showed a case of this disease and described the disease and discussed the diagnosis and treatment.

March 29.—A note on "Bradycardia in Measles" was read by Dr. Murray MacLaren and a case reported. The subject was a boy aged 14 and the slow pulse continued one week.

Dr. MacLaren also read a paper on the "Value of Arsenic as a remedy especially in Pernicious Amæmia and in Hodgkin's Disease." Two cases were reported which had shown marked improvement under the continuous administration of arsenic in large doses.

ANNUAL MEETING OF THE WESTMORLAND, KENT AND ALBERT ASSOCIATION.

The annual meeting of the Westmorland, Kent and Albert Medical Association was held in the city council chamber, Moncton. There was a good representation of the leading medical men of the three counties present. The meeting was called to order by Vice-President Dr. Geo. Fleming of Petitcodiac. After some routine business the society elected the following officers for the ensuing year:

Dr. B. A. Marvin, Hillsboro, President.

Dr. Geo. Fleming, Petitcodiac, first Vice-President.

Dr. A. H. Chandler, Kent county, second Vice-President.

Dr. G. T. Smith, Moncton, Treasurer.

Dr. R. L. Botsford, Moncton, re-elected Secretary

Dr. A. H. Chandler, who nominated Dr. Botsford for the office of Secretary paid a high compliment to that official for the manner in which he had attended to the duties of the office.

The following papers were read :—

" Some Practical Observations in the Treatment of Pneumonia," also Reports of Two Cases of Skin Disease, by Dr. A. H. Chandler " Unregistered Practitioners," by Dr. B. A. Marvin ; " The Treatment of Hydrocele," by Dr. W. A. Ferguson ; " Pneumonia," by Dr. L. Chapman. After the meeting the members of the Association adjourned to Connors restaurant where a very tempting spread was prepared in Mr. Connors' best style.

It was decided to hold the next annual meeting at Moncton in June.

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NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION

March 8. Dr. Murdoch Chisholm, President, in the chair.

Dr. Murphy showed a specimen of a tubercular testicle which he had removed from a young man aged 35. There were no other evidences of tubercle in the genito-urinary tract or any other part of the body. The patient had been suffering six weeks. The patient was up on the fifth day after the operation. He made an uneventful recovery. A microscopical examination of the testicle was made by Dr. Wallace. In sections made from the edge of the external lesions a few tubercle bacilli were found but none in the pus. Those found were most numerous in the tunica vasculosa. The vessels of the lobules showed very marked endarteritis. The investing membrane of the tubuli seminiferi was much thickened and in places infiltrated with multinuclear leucocytes and epithelial cells. Many of the tubes showed fatty and granular appearances in the protoplasm of the parenchymatous cells. Sections from the epididymis showed merely small isolated areas—multinuclear leucocytes and epithelial cells. The cord, beyond slight congestion, was healthy. The universal and marked endarteritis probably indicates the avenue of invasion.

The President said he had seen tubercular inflammation of the testicle acute from the beginning.

Dr. Sinclair then read a paper on "Climateric Insanity." Two interesting cases were given in detail. There is general gloom found in nearly all cases of depression but having perhaps more in evidence the religious element under the inspiration of which suicide is attempted. The delusions have respect to the moral well-being of the individual. Aural hallucinations are more common than visual and we must remember these voices are very real to the patient, and to endeavor to obey their orders becomes a duty. Religious despondency is also a marked feature in this form of insanity. In making a prognosis, heredity, the duration of the disease and the use of alcohol must be considered. Complete recoveries in Dr. Sinclair's experience are rare in any form. Nearly every case that he has seen has either had a neurotic temperament or been a free user of alcoholic drinks. In no other form of insanity is the early removal from home surroundings more necessary in order to secure the best results in treatment. Authorities claim that pure uncomplicated cases furnish fifty per cent of recoveries.

The sexual feeling remains acute for a long time and they often show by their actions a marked vulgarity.

These cases are benefitted by an entire change of scene, preferably to an institution. Gentle exercise in the open air is helpful. For the constipation usually present, proper food must be ordered and cascara used. For insomnia it may be necessary to use some hypnotic. Chloral sometimes acts well—so will trional or a combination of it and sulfonal. Authorities recommend steady use of bromides but Dr. Sinclair has not got any special good results. Diet should be liberal and easily digested and alcoholic stimulants should not be ordered. Strychnine and quinine answer the purpose of a "pick-me-up." When great motor excitement is present the patient must be walked about, and it may be necessary in addition to give an injection of hydrobromate of hyoscine, one hundreth of a grain, or a full dose of sulfonal at bedtime. If anæmia is present give iron, and as a tonic and restorative after the acute stage is over, phosphates with strychnine are very beneficial. Constant watching only can be relied on to thwart suicidal tendencies.

Dr. Farrell referred to the importance of recognizing these cases early so that insanity may be prevented.

Dr. Reid said such cases were common. There is not much hope for them. The peculiarity of the individual must be taken into account.

Dr. Sinclair referred to question of development. The generative apparatus comes from the epiblast. Some explanation of these cases might be obtained from embryology. The ovary produces an internal secretion. Some toxic agent accumulates after menopause. Prognosis is good in cases coming on at puberty.

Dr. A. P. Reid then exhibited his model of a sanatorium which we referred to in our February issue. Letters from superintendents of such institutions were read commending his ideas. A resolution was passed thanking Dr. Reid for his exhibition and elucidation of the model and wishing him every success in his laudable undertaking.

A circular from the Colonial Secretary to Lieut-Governor Daly was passed around by Dr. Reid. It had reference to the establishment of a School of Tropical Medicine in London and asked for pathological specimens, etc., that might be useful for such a purpose.

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Matters Personal and Impersonal.

Dr. G. L. Sinclair intended leaving on the 20th inst for New York, Baltimore and Philadelphia. He will be absent about two months attending special hospitals in these large medical centres.

Dr. M. E. Armstrong, formerly practising at Freeport, Digby Co., spent the winter at the New York Post Graduate Medical School. Dr. Armstrong recently returned and is now settled at Bridgetown.

Dr. Daniel Johnson of Tatamagouche, lately left for New York to do post-graduate work.

The marriage of Dr. Stewart S. Skinner of St. John, to Florence M., daughter of John McMillan, publisher, was solemnized early this month by Rev. Dean Partridge. The NEWS extends congratulations.

The Antikamnia Chemical Co., with their customary enterprise, have issued a handy "Fœtation and Parturition Chart" which has been sent to every English speaking physician in the world. The chart is a useful one and the illustrations excellent, well-merited praise being due the author, the late Dr. Louis Crusius.

Messrs. Simson Bros. & Co., have done a commendable act in offering a prize of twenty-five dollars to the students of the Halifax Medical College, for a special examination in therapeutics. The paper which has been arranged by Dr. M. A. B. Smith, lecturer on that subject, is a very practical one.

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Book Reviews.

INTERNATIONAL MEDICAL ANNUAL FOR 1899.—A work of reference for Medical Practitioners. Price $3.00 net, post paid. Published by E. B. Treat & Co., 241-243 West 23rd Street, New York.

As a ready reference hand-book for progressive physicians the Medical Annual becomes a necessity. We can safely say this year's volume is superior in excellence to any of its predecessors, not only on account of the increased number of pages, but also on account of the beautiful illustrations—fifteen full page colored plates, twelve full page half-tone plates and numerous ordinary drawings in the text The "Review of Therapeutic Progress" is again under the care of that widely known authority, Prof. Wm. Murrell, of Westminister Hospital, London. The use of iodine in ulcer of the stomach is strongly recommended as the best plan of curing this disorder. Orthoform is referred to, and the many different painful states in which it has proved useful, clearly pointed out. Next follows a "Summary of the Principal Alterations in the New Pharmacopœia, this occupying over five pages. "Practical X Ray Work" is fully dealt with by R. Norris Wolfenden, other valuable chapters being "Electro-Therapeutics," by A. D. Rockwell, and "Climatic and Open-Air Treatment of Phthisis," by F. De Haviland Hall. "New Treatment;" as usual, takes up the greater part of the volume. In the treatment of burns, the use of piric acid is again alluded to. We are under the impression that this remedy is not used so extensively as its merits warrant. Inoperable cancer by the operation of oophorectomy is also referred to and the results carefully noted. We can not speak too highly of the colored plates, particularly those showing the bacteria pathogenic in the human subject. The publishsrs are to be congratulated in the excellent make-up of the Annual for 1899. A physician who fails to procure the present volume is only standing in his own light.

RECORD OF URINARY EXAMINATIONS.—A convenient, practical method for keeping records of urinary examinations for future reference in hospital or general practice. Arranged by Harry Morell, M. D., C. M., Trinity University, Toronto; Fellow Royal Microscopical Society. Published by J. B. Burr & Co., Hartford, Conn.

This volume consists of duplicate sheets, one of which is detachable the other being retained for carbon impressions of each urinary analysis taken. The use of such a method of keeping records would increase the carefulness of the physician and render him much more systematic in his urinary examinations. The progress in a particular case can be carefully noted at a glance, such as the increase or decrease of some important abnormal constituent as albumin or sugar. These records will be found very serviceable and of great convenience.

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BOOKS OF THE MONTH.

SEXUAL IMPOTENCE.—By Dr. Victor G. Vecki. A beautiful demy-octavo volume of 291 pages. Price, $2.00 net. Published by W. B. Saunders, 925 Walnut St., Philadelphia.

Matters Medical.

THE PATHOLOGIC IMPULSE TO DRINK.—Dipsomania is a symptom of defective inhibition. It is most common among those living at a high nervous pressure—physicians, litterateurs, and business men. Exhibition of nervous energy always lessens inhibition. The cells of the cortex become exhausted by long continued expenditure of energy; the individual resorts to alcohol to relieve his restlessness, the result of this cell exhaustion, and which prevents him from attending to his ever pressing duties. It is then that the defective inhibition is shown, and the uncontrollable impulse breaks the bounds of reason. The pathologic condition of the cells is probably analogous to the hypothetic pathology of hysteria. The protoplasm of the cortical cells becomes used up by continued work without the rest necessary for recuperation and while in this state a small amount of alcohol rapidly cuts the higher centres off from the lower, causing a loss of inhibitory power. A continuance of these conditions results in such changes that each attack leaves the connection between the higher and the lower centres less active with a lessened amount of functional force in the cortical sells.

Some cases of dipsomania can be directly traced to the absence of early education, in not correcting uncontrollable impulses in childhood, but here we will find the child has inherited a richly neurotic soil. There is another class of dipsomaniacs, whose history shows early disturbance of cortical cells during their development periods· These are the cases which in infancy have been given alcohol in some form. Among other causes may be mentioned auto-intoxication. In considering prophylaxis and cure it is important to bear in mind the somatic cycles by which many of our unconscious actions are governed. The long rhythms are habits of organic activity. The long rhythms in heat and nutrition regulations of the body are factors in augmenting the periodicity of dipsomania. Under pathologic conditions, such as hypothetically exist in this psychic explosion, its intervals appear to be governed by the organic cycles, including the monthly rhythm of the female, and which in this sex, at this time is often marked by slight attacks of dipsomania. Suggestion with or without hypnosis is of considerable value. Everything possible must be done to prevent the exhaustion of nerve force, and efforts made to store reserve material. The physiologic rhythms must be watched, and when we see the approach of the ebb of these rhythms the patient must be carefully guarded.—W. L. Howard, M. D., in *Medicine.*

STEPS TOWARDS INSANITY.—Recent studies of the neuron seem to indicate that the biological doctrine that activity determines structure, and thus in turn determines function, may be applied to the causation of insanity. The rule seems to be that exhaustion of the brain cells comes first, then acute intoxication, and finally structural changes as the result of these conditions. The major premise of every study of the causation of every study of insanity may be assumed to be this, viz.: every pathopsychical manifestation in the individual is evidence of neuronic structural defect, and until otherwise proved, every neuronic structural defect should be regarded as evidence more or less conclusive of remote untoward influence primarily on the part of ancestry. The neuronic defect itself, according to Van Geeson, may always be regarded as a true parenchymatous degeneration, involving not only the cells proper, but primarily their ultimate protoplasmic expansions and "contact granules."

With reference to the steps by which vesania is initiated, we must look to ancestry for the first ones.

Marriage of unmarriageable parties results in certain tensions and stresses which lead to arrests and perversions of development on the part of children. These, not generally presenting evidences of vesania themselves, carry over to succeeding generations, their own hereditary defects of structure and function, and in the latter they become intensified and eventually break out in pathopsychical manifestations. Probably one third of all marriages are of a character which necessitates a bad prognosis as regards progeny. Again, overstrain, worry, nutritional perversions and toxemia resulting from these during the child bearing period, are other sources of vesanic predisposition. The same should be said of the inadequate training to which so many children are subjected.

Accidents, diseases and emergencies serve as exciting causes chiefly where birth, nurture and education, singly or combined, have been deficient. All this suggests a prophylactic pedagogics founded upon neurologic conclusions.—Smith Baker in *Journal of Mental and Nervous Disease.*

A NOVEL ANTISEPTIC TREATMENT OF WOUNDS AND THE SPEEDY OBLITERATION OF BONE CAVITIES.—By DR. PAUL COUDRAY. (Communication to the Medical Society of Paris, February 11th, 1899.)

I. The author indicates the good results he has obtained by this mode of treatment for the antisepsis of wounds and particularly of deep ones, of cavities, of anfractuous trajectories. The operation recommended by Mr. Guilmette—inventor of the coryl and coryleus, popularized since by Mr. Joubert—consists in employing chloride of ethyl in the pure state (ipsil) as a vehicle for conveying the antiseptic agent. That liquid boils at 10°; by heightening its temperature to 20 to 25°, it leaves the apparatus in the gaseous state (gas ipsilene), endowed with a certain *pressure*. The atomized spray thus obtained drives from the wound, by an impetuous rush akin to sweeping, the pus and the inorganic exudations and products of necrosis, in a word all the diverse agents of infection, spreading besides on the bottom of the most tortuous trajectories as well as on superficial lesions a thin stream of *iodoform* (this being the agent most frequently made use of by Mr. Coudray), which stratum remains adherent.

The transitory reduction of temperature produced thereby acts as a stimulant upon the wound, enhancing considerably its granulation; the secretions very rapidly diminish and soon they cease.

By dissolving the fatty substances, the chloride of ethyl acts moreover a chemical part which is in itself not unimportant for the purposes of antisepsis.

II. A second advantage, *thoroughly novel*, results likewise from the same proceeding. Having to treat a large cavity deep down in the nether extremity of the femur, Mr. Coudray, availing himself again of chloride of ethyl as a vehicle, projected into the interior of said cavity a substance approaching the composition of the normal bone—viz., phosphate and carbonate of lime. That cavity rendered previously aseptic, preserved its " bone ipsilene " and appeared to be completely filled up after four of these spraying operations that had required one month. The author being of opinion that the product acts not only mechanically, but also, nay perhaps chiefly, in stimulating the osteogenetic power of the healthy bone, intends to verify this view of his by a series of experiments on animals.—*France Médicale*.

THE PREVENTION AND CURE OF VENTRAL HERNIA.—(Abstract of paper read before the British Gynæcological Society, 15th, April 1899,) by A. Lapthorn Smith, B. A. M. D. M. R. C. S., Montreal.

Hernia following abdominal section is a frequent complication and sometimes causes more suffering than the disease for which the laparotomy was performed. Moreover it discourages other women who need a cœliotomy from having it done because they dread a second operation more than they do the first. This accident is quite preventable. (*a*) By leaving in the stitches a month if the woman is thin enough to allow us to use through and through sutures or (*b*) by using non-absorbable buried sutures when the woman is fat enough to require two layers of ligatures. The writer prepares his silkworm gut by placing it in glass tubes and boiling it. A cut with a file is made in the middle and just when it is required for use the tube is snapped across. (*c*) By discarding the abdominal drainage-tube and when drainage is necessary which it rarely is, draining by the vagina. (*d*) By securing accurate coaptation of the cut edges by marking the places where the stitches are to go before the incision is made. (*e*) By taking care that no peritoneum is curved up so as to come between the muscle and fascia of opposite sides.

Hernia is easily cured in small cases with a single buried silkworm gut purse-string suture ; and in larger cases by splitting the edges of the ring until the recti muscles are exposed from top to bottom and suturing them with buried silkworm gut.

Patients with buried silkworm gut stitches do not need to stay in bed more than two weeks and in some cases less ; and they do not need to wear an abdominal belt.

Patients with through and through silkworm gut stitches left in for a month, can in cases of necessity go home in twelve or fifteen days and return at the end of four weeks to have their stitches removed. They do not need to wear any support until the stitches are removed, and even then it is much less necessary than in patients whose stitches have been removed early.

A CURIOUS POCKET PIECE.—In the *New York Medical Journal* of February 4th, 1899, Dr William S. Gottheil describes a case in which a woman carried a piece of her own skull in her pocket for years " for good luck." She applied for treatment for a different affection, and it was discovered incidentally that a syphilitic periostitis had begun again around the scar left by the ulceration from which her piece of bone had come twelve years before. As in the present case, she had not at that time attached sufficient importance to the matter to consult a physician about it. The sequestrum, of which she was quite proud, was an ovoid piece of bone measuring 2½ x 2 inches, and was composed of two adjacent portions of the two parietal bones, the sagittal suture in the middle shewing beautifully. Its upper convex surface showed the outer table of the skull intact. The under concave surface was composed mostly of cancellous tissue ; but all along the middle line, at the suture, the inner table was present, shewing that at that place the entire thickness of the skull had been lost.

Apart from its curiosity, the case is of interest as shewing the very extensive destruction of important organs that can take place in syphilis without systemic reaction or much personal inconvenience. The entire thickness of the skull had been destroyed, and the meninges necessarily exposed ; yet the inflammation had not spread to those membranes, and the patient had hardly considered herself sick.

Therapeutic Suggestions.

AN OINTMENT FOR SCIATICA.—The *Reforma Medica* gives the following formula

℞	Oil of turpentine	5 parts.
	Oil of gelsemium	5 "
	White wax	2 "
	Simple ointment	40 "

M. To be applied to the painful part.—*N. Y. Medical Journal.*

THE INJECTION TREATMENT OF HÆMORRHOIDS.—In the cases of internal hæmorrhoids that are thought suited to cure by the "injection method," Tuttle, of New York, uses the following formula for making his fluid for injection:

℞	Acid carbolic (Calvert's No. 4),	ʒiss.
	Acid salicylic	ʒss.
	Soda biborati	ʒi.
	Glycerine (sterilized), q. s., ad	℥i.

M. ft. liquor. Sig.: Injection for hæmorrhoids.

Of this fluid from two to four minims are injected into the base of the hæmorrhoid. If other injections are to be made, they are made in from three to five days.—*Kansas City Med. Index.*

ASTHMA.—

℞	Pulv. stramonii fol.	
	Pulv. belladonnæ fol. aa	ʒj.
	Pulv. potass. nit.	ʒiss.
	Pulv. opii,	gr. xv—M.

Sig.: Burn a little and inhale the fumes.

℞	Potass. iodid,	ʒviiss.
	Tr. lobeliæ,	fʒviiss.
	Aq. destillat,	f℥xvss.—M.

Sig.: From a tea to a tablespoonful in a glass of beer before meals.—*Dujardin-Beaumetz.*

CALOMEL IN HÆMORRHOIDS.—For a number of years Dr. J. B. James has treated hæmorrhoids by the simple process of applying calomel to them with the finger, and claims to have done so with marked success in every case, particularly when the hæmorrhoidal mass was inflamed, which is characterised by mucus discharge and hæmorrhage, accompanied with a painful sensation of weight in the region of the rectum. All these symptoms, it is alleged, were speedily relieved by the simple application of the calomel, which had the still more important subsequent advantage of restoring the patient to perfect ease, enabling him to pursue his usual occupations in happy immunity from all distressing or annoying symptoms.—*Health.*

Lutaud's Pills for Amenorrhœa.—The *Reforma Medica* gives the formula as follows:

R	Iron and potassium tartrate, - - - -	45 grains.
	Extract of artemisia, - - - - - - -	30 "
	Extract of absinthium, - - - - - -	30 "
	Socotrine aloes, - - - - - - - - - -	15 "
	Oil of anise, - - - - - - -	enough to aromatize.

M. Divide into thirty pills. One to be taken before every meal.—*N. Y. Medical Journal.*

The extensive use of Abbey's Effervescent Salt has proved itself to be a reliable agent. Not only is its therapeutic effect in itself of benefit in many affections, but it will likewise be found a valuable aid to other remedies. Its gentle aperient action, its tonic properties, as well as its refreshing effect render it of great service particularly at this time of year.

Sanmetto and Imitations.—I have used sanmetto extensively for the last five or six years in both old and young, male and female, in all forms of irritation of the urinary organs, from nocturnal enuresis in the young to cystitis in the aged, and have been disappointed in but few cases in obtaining good results. Have tried imitations (owing to their cheapness.) The results were unsatisfactory. Have returned to the use of sanmetto as a sheet anchor in both acute and chronic conditions of the urinary tract. I obtain speedier and more satisfactory results when given four times a day in drachm doses in hot water.

Greensburg, Ind.

T. B. Gullefer, M. D.
Coroner.

Better Still.—The influenza has been quite prevalent in a number of cities during the past month. In Richmond, there have been many cases, though no deaths distinctly attributed to it. It is affecting mostly those who have had the disease almost annually during the past few years. Although the attacks of this year are relatively mild, they are severe enough to keep business men away from their places of business. Phenacetin, or better still, antikamnia, with salol or quinia, and a little powdered digitalis added, has proved a satisfactory plan of treatment, presupposing, of course, that the bowels are kept open, the secretions of internal organs are attended to, and that the patient is kept in-doors, especially at night or in bad weather.—*The Virginia Medical Semi-Monthly.*

THE
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Original Communications.

STERILIZATION OF CATGUT.*

By T. J. F. MURPHY, M. D., Halifax, N. S.

I will not take up your valuable time by dwelling on the importance of having a perfectly sterile and reliable catgut.

What is catgut?

Catgut is made from the submucosa of the small intestine of the sheep. Volkman says:—"The process of maceration, by which the mucous, serous and circular muscular constituents of the intestinal wall are prepared for their mechanical removal, involves decomposition and permeation with millions of micro-organisms, among which have been found the bacillus anthrax and its spores."

There are a great many methods of sterilizing catgut. They may be divided for general reference into two methods:—

1st. The method of sterilization by "Antiseptic" means.

2nd. The method of sterilization by "Mechanical" means.

As regards the first method, the best is that which is called "Chromicized Catgut." This has one advantage over the other methods in that while it does not injure, it thoroughly disinfects and toughens the catgut. The stronger the solution the longer the sutures will last.

Morris, of New York by grading the proportions of his preparations, has produced catgut sutures which last as long as 24 days.

Bissell uses bichloride and alcohol.

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*Read at N. S. Branch British Medical Association, March 22nd, 1899.

The older methods of juniper oil, carbolic acid and many others, have been abandoned. Some are unreliable and the others impair the suture material. Some surgeons have one objection to chromicized gut, believing it is not suitable for use in the abdominal cavity.

Stinson of San Francisco says (*Philadelphia Medical Journal*, Vol. 2, Page 841.):—"The catgut I use I prepare myself. I may state that two sizes of catgut are all one needs, Nos. 20 and 25, according to the American wire-gauge system. The preferable form of catgut is that put up in bowlines, each about one yard long and rolled separately in bunches."

He further says:—"To prepare the catgut:—

1st. Place the bowlines in ether for several days to remove fat.

2nd. Change to a sterilized vessel containing 1 to 4000 corrosive sublimate in pure ether in which the gut is kept one week to disinfect. To complete the process, and have the material in the most suitable fluid, place the gut in a sterilized bottle, with a screw or other air tight top. Pour in ordinary alcohol to more than cover the gut. The alcohol should fill only half the bottle. Stand the bottle in water which reaches nearly to the lower edge of the screw top. In order not to take a chance of breaking the bottle, stand it on a folded towel, placed in the bottom of a vessel containing the water, which is heated to the boiling point. When the air is driven from the bottle by the boiling alcohol, screw down the top tightly. It takes a couple of minutes to drive off the air. Leave the sealed bottle in the water at the boiling point for fifteen minutes. At the lapse of the time the bottle is removed, allowed to cool, and then the gut is ready for use. There is no danger of an explosion with the top screwed down tightly. If one wishes to chromicize the gut, then after removing it from the bichloride-ether solution, place it in an alcoholic solution of potassium bichromate made as follows:—Take 15 grs. of potassium bichromate, disolve it in an ounce or so of sterilized water, add the chromate solution to a pint of ordinary alcohol (sterilized) Leave the gut in this solution till it is a golden color (usually about 24 hours are sufficient), when it is removed and placed in a sterilized basin and sun dried, which takes a couple of days or longer. The gut is then placed in a sterilized bottle with an air tight top, alcohol is poured in to more than cover the gut, and boiled as already described. The gut is sun dried to get the same effect which is obtained in the process of tanning hides. The bichromate of potash penetrates the tissues of the gut and becomes so intimately associated with the fibrils that it is not dissolved out by heat and solutions. Only a comparatively short portion of the surgeon's time is engaged during the processes described, in return for which he has an absolutely sterilized material. The tendons, catgut, and silk I use during operations are placed immediately before them, between sterilized folded towels wrung out of 1 to 500 mercuric chloride solution."

Formalin and formaldehyde catgut have not come up to general expectation. However, some prominent surgeons are still using them. Neither the gas nor the solution will destroy spores.

In the *Lancet*, Oct. 22nd, 1898, Kanthack says that formalin is "merely a superficial disinfectant," and that "dust and soil are not sterilized with certainty" by it.

The second method—that of sterilization by "Mechanical" means. Under this head the best known is that of boiling in alcohol under pressure. For a long time this was considered to be the best possible means of sterilizing catgut, and surgeons were inclined to blame their technique more than their surtures for the rather frequent outbreaks of sepsis. But some, among others Dr. Howard Kelly of Baltimore, boldly accused the catgut, or rather the method of preparing it.

König's method then came into use.

This consisted in first subjecting the catgut to a temperature of 75°C (167°F) in a sand bath and keeping it there one hour to drive off the hygroscopic water. Then it was placed in cumol, which was raised to a temperature of 165°C (330°F). This temperature was sustained for one hour. Then the catgut was placed in benzine; and so kept ready for use. But the pathologists of the Johns Hopkins hospital found that benzine itself was not sterile and that it reinfected the catgut. Then Dr. Kelly devised the following plan:—

First cut the catgut into suitable lengths, next twist them into "figure of eight" and tie, so as to easily slip them into an ignition tube. Then subject the catgut to a temperature of 80°C (176F°) for one hour, to drive off the hygroscopic water. Next put in cumol and raise it to a temperature of 165°C (330°F) and keep it at that for one hour. Now draw off the cumol and keep the catgut in the sand-bath at a temperature of 80°C (176°F) to dry it. This takes one hour. Then finally put the catgut with sterilized forceps into sterilized ignition tubes, and cork with sterilized absorbent cotton.

Here you have a catgut perfectly sterile, flexible and unimpaired in the slightest degree, by the long and tedious process through which it has gone. This catgut lasts from eight to ten days. Now at times it might be desirable to have this catgut last a little longer, as for instance in an operation for the radical cure of hernia. This can be done by soaking the catgut, first prepared as above, in a solution of bichromate of potash ʒi—ʒii to ℥xx. Boil this solution and immerse the catgut in it and keep it there a week or longer, either dry in a sand-bath at a low temperature or keep it permanently in it, until ready for use. This catgut will last fifteen days or more.

When I first began to use cumol catgut, I prepared it with a glass beaker, imbedded in sand in a butter-crock. I boiled the cumol at about 175°C, which made it thick, turbulent and brownish-yellow, and after using it once it had to be thrown away. I had two accidents, caused by the vapour of the cumol becoming ignited.

Miss Pride, the Halifax Superintendent of the Victorian Order of Nurses, states that they had two fires at the Waltham hospital from a similar occurrence.

Dr. Howard Kelly in his book on " Operative Gynæcology " makes mention of a similar event.

This apparatus—a cumol sterilizer, which I now present, is made after the pattern given in Kelly's work. It was made in Halifax, and consists of an internal cylinder of copper, six inches in diameter, eight inches in depth, and an external cylinder which is separated from the other by a space of an inch. This space is filled with sand. The top of the external cylinder comes within an inch and one-half (1½ inches) of the top of the internal cylinder. A copper cover which has a flange, is fitted tightly by means of three thumb screws, to another flange which projects from the edge of the internal cylinder. There is a glass gauge to show the height of the cumol in the internal cylinder, a funnel to pour the cumol in and a tap to let it out, at the end of the second step in the sterilizing process. A thermometer passes through the cover and registers the temperature, and a pipe to which a rubber tube is attached carries away the vapour. By means of this apparatus the above process can be gone through with perfect safety, and if the temperature of the cumol be not raised above 165° C. (330° F.) it can be drawn off and used again.

Boeckman's method of dry heat, much used by surgeons, consists in subjecting catgut in an oven to a temperature of about 140° C. This makes it absolutely sterile but renders the catgut rather brittle. This objection also applies to the Tschering method. (*Phil. Med. Journal* quoting from *Lancet* of Oct. 22nd, 1898. "The following is the method of sterilizing catgut by hot air, adopted by Tschering, of Copenhagen.

Ordinary commercial catgut is placed on trays between sheets of cellulose paper and heated for six hours consecutively; for the first hour at the temperature of 60° C., for the second and third hours at 100° C., and for the fourth, fifth and sixth 140° C. The catgut is then wrapped up and closely sealed in an envelope of cellulose paper, which is in turn enclosed in a second envelope, and subjected for another two hours at 140° C. The sterilization is thus effected by dry heat alone. The simplicity of the method is its most attractive feature."

I fail to see the simplicity in the above method. As a matter of fact to have catgut properly prepared, it takes as much elaboration of technique as does the most serious operation. The hands I disinfect by the permanganate of potash and oxalic acid method, and aprons, gloves, tubes or receptacles, towels, etc., are sterilized by steam. Forceps are boiled.

◆

NOMENCLATURE OF DISEASES

(Causes of Death—Causes of Incapacity for Labour.)

By Jacques Bertillon, M. D., Paris.

Most of the nomenclatures now in use are derived more or less directly from that of William Farr, in which diseases are classed for the most part, *according to their anatomical seat, and not according to their nature.* This is evidently right, since the progress of science constantly modifies the opinion of physicians as to the nature of diseases, and consequently, a statistical nomenclature should be modified with the least possible frequency in order to admit of comparison with those of an earlier date. The diseases of each system of organs should be grouped together; for example, the nervous system, the circulatory, the respiratory, the digestive, the genito-urinary, the affections of the skin, and those of the organs of locomotion (bones, joints, muscles). Besides these diseases, the seat of which is known, there are others which involve the whole organism. Formerly these general diseases were separated into several sub-divisions which to-day are out of date. It is better to group these diseases together, placing at the head of the list those which, with much reason, Dr. Farr called "zymotic"; then those which are termed "virulent"; finally, other general diseases and slow poisons But it would doubtles be a mistake to make these distinctions in a new nomenclature, since we can to-day foresee that they will soon lose the importance which was once attached to them. For example, at the present day, the list of diseases called infectious includes additional diseases which were once classed under other titles. It is better, then, to avoid these classifications which are necessarily only provisional, and are also useless for statistical purposes.

We believe that, in the present state of medical science, we should not attempt to establish a definite grouping of diseases. What significance can be attached to-day to the terms "enthetic, dietic, diathetic" diseases which Dr. Farr proposed for the adoption of the statistical congress of 1855? They have lost all their meaning, and a statistical system which informs us to-day, for example, how many persons died of diathetic diseases conveys but little meaning. But, if the name of the group or sub-division has lost its meaning, the name of any separate disease still preserves its significance ; for example, this group of diseases, the "diathetic" was made up of gout, anæmia, cancer and senile gangrene. These diseases which seem to us to-day so oddly associated, when considered separately still preserve very definitely the meaning which they had in 1855. The history of the past should be our guide for the future. Those diseased groups which once seemed most natural have rapidly lost their alleged value. We cannot, then, employ them in medical statistics if we aim at permanent work. On the contrary, the meaning of each disease taken separately changes much more slowly.

Class I.—General Diseases. (a)

1. Typhoid fever.
2. Typhus.
3. Scurvy.
4. Smallpox.
5. Measles.
6. Scarlet fever.
7. Whooping cough.
8. Diphtheria and croup.
9. Influenza.
10. Miliary fever.
11. Asiatic cholera.
12. Cholera nostras.
13. Other epidemic diseases.
    - A. Yellow fever.
    - B. Plague.
    - C. Mumps.
    - D. Others.
14. Pyæmia and septicæmia.
15. Glanders and farcy.
16. Malignant pustule.
17. Rabies.
18. Relapsing fever.
19. Intermittent fever.
20. Malarial cachexia.
21. Pellagra.
22. Tuberculosis.
    - A. Of the lungs.
    - B. Of the meninges
    - C. Of the peritoneum.
    - D. Of the skin.
    - E. Of other organs.
    - F. General.
23. Scrofula.
24. Syphilis.
25. Cancer.
    - A. Of the mouth.
    - B. Of the stomach, liver.
    - C. Of the intestines, rectum.
    - D. Of the female genital organs.
    - E. Of the breast.
    - F. Of the skin.
    - G. Others.
26. Rheumatism.
27. Gout.
28. Diabetes.
29. Exophthalmic goitre.
30. Addison's disease.
31. Leukæmia.
32. Anæmia, chlorosis.
33. Other general diseases.
34. Alcoholism (acute or chronic).
35. Lead poisoning.
36. Other chronic poisonings of occupations.
37. Other chronic poisonings.

(a) We have not placed puerperal fever with other infectious diseases, since it would be necessary to place puerperal phlebitis, phlegmasia dolens, etc., in the same class, diseases which most likely are also infectious diseases. All these diseases are inseparable from the other puerperal diseases with which they are too often confounded, under the general term "sequelæ of childbirth," it is then important to make for all the diseases of pregnancy and childbirth a special class.

Class II.—Diseases of the Nervous System and of the Organs of Sense. (*b*)

38. Encephalitis.
39. Simple meningitis.
40. Progressive locomotor ataxia.
41. Progressive muscular atrophy.
42. Cerebral hæmorrhage and congestion.
43. Softening of the brain.
44. Paralysis without indicated cause.
45. General paralysis.
46. Other forms of insanity.
47. Epilepsy.
48. Non-puerperal eclampsia.
49. Convulsions of infants.
50. Tetanus.
51. Chorea.
52. Other diseases of the nervous system.
    - A. Hysteria.
    - B. Neuralgia.
    - C. Others.
53. Diseases of the eyes.
54. Diseases of the ears.

Class III.—Diseases of the Circulatory System. (*c*)

55. Pericarditis.
56. Endocarditis.
57. Organic diseases of the heart.
58. Angina pectoris.
59. Diseases of the arteries, atheroma, aneurism, etc.
60. Embolism.
61. Varices, varicose ulcers, hæmorrhoids.
62. Phlebitis and other diseases of the veins.
63. Lymphangitis.
64. Other diseases of the lymphatic system.
65. Hæmorrhage.
66. Other diseases of the circulatory system.

Class IV.—Diseases of the Respiratory System. (*d*)

67. Diseases of the nasal fossæ.
68. Diseases of the larynx and thyroid body.
69. Acute bronchitis.
70. Chronic bronchitis.
71. Broncho-pneumonia.
72. Pneumonia.
73. Pleurisy.
74. Congestion and apoplexy of lungs.
75. Gangrene of lungs.
76. Asthma and pulmonary emphysema.
77. Other diseases of respiratory system (phthisis excepted).

(*b*) When epidemic cerebro-spinal meningitis prevails, it will be necessary to double the title *meningitis.*

We must insist upon maintaining the title *paralysis without known cause.* In fact, paralysis is often stated as a cause of death when it can be only a symptom. But the physician is often unable to decide whether the paralysis is due to apoplexy or to cerebral softening.

The title "Convulsions" exists in all existing nomenclatures, and it is always well filled because of the difficulty in locating the disease which has caused the convulsions. This title should, therefore, be retained.

(c) We do not employ the title "syncope." This word often means *sudden death without known cause*, a title which figures in Class XIV.

(d) We unite emphysema with asthma, since a careful examination is often necessary to distinguish these two diseases which, however, are quite dissimilar in their nature.

Class V.—Diseases of the Digestive System. (*e*)

78. Diseases of the mouth and adnexa.
79. Diseases of the pharynx and œsophagus.
    A. Pharynx.
    B. Œsophagus.
80. Ulcer of stomach.
81. Other diseases of the stomach (cancer excepted).
82. Infantile diarrhœa, athrepsia.
83. Diarrhœa and enteritis.
84. Dysentery.
85. Intestinal parasites.
86. Hernia, intestinal obstructions.
87. Other diseases of the intestines.
    A. Other diseases of the intestines.
    B. Diseases of the anus; fæcal fistula.
88. Acute yellow atrophy of the liver (icterus).
89. Hydatid tumor of the liver.
90. Cirrhosis of the liver.
91. Biliary calculi.
92. Other diseases of the liver.
93. Inflammatory peritonitis (non-puerperal).
94. Other diseases of the digestive system, (cancer and tuberculosis excepted).
95. Iliac abscess.

Class VI.—Diseases of the Genito-Urinary System and Adnexa. (*f*)

96. Acute nephritis.
97. Bright's disease.
98. Perinephritis and perinephritic abscess.
99. Renal calculus.
100. Other diseases of the kidneys and adnexa.
101. Vesical calculi.
102. Diseases of the bladder.
103. Diseases of the urethra.
    A. Blennorrhagia (males).
    B. Others (stricture, abscess, etc.
104. Diseases of the prostate.
105. Diseases of the testicle and its envelopes. Orchitis.
106. Other diseases of the male genital organs.
107. Abscess of the pelvis.
108. Periuterine hæmatocele.
109. Metritis.
110. Uterine hæmorrhage (non-puerperal).
111. Uterine tumors (non-cancerous.)
112. Other diseases of the uterus.
113. Ovarian cysts and other ovarian tumors.
114. Other diseases of the female gental organs.
    A. Blennorrhagia (females).
    B. Leucorrhœa.
    C. Others.
115. Non-puerperal diseases of the breast (cancer excepted.)

(*e*) When epidemic dysentery prevails, it will become necessary to double the title "dysentery."

(f) Following the example of Italy and Switzerland we have made no special title for *uræ*mia, because it constitutes only a consequence of Bright's disease or of diseases of the bladder.

Class VII.—Puerperal Condition. (*g*)

116. Accidents of pregnancy.
116. *bis.* Normal labor.
117. Puerperal hæmorrhage.
118. Other accidents of labor.
119. Puerperal septicæmia.
    - A. Puerperal septicæmia.
    - B. Puerperal phlebitis.
120. Puerperal metroperitonitis.
121. Puerperal albuminuria and eclampsia.
122. Puerperal phlegmasia alba dolens.
123. Other puerperal accidents. Sudden death.
124. Puerperal diseases of the breast.

Class VIII.—Diseases of the Skin and Cellular Tissue. (*h*)

125. Erysipelas.
126. Gangrene.
127. Anthrax, carbuncle.
128. Phlegmon, acute abscess.
129. Other diseases of the skin and adnexa (cancer excepted.)
    - A. Soft chancre.
    - B. Tinea favosa.
    - C. Tinea tonsurans, tricophytosis.
    - D. Alopecia areata
    - E. Scabies.
    - F. Other diseases of the skin and adnexa.

Class IX.—Diseases of the Organs of Locomotion. (*i*)

130. Pott's disease.
131. Cold abscess, symptomatic abscess.
132. Other diseases of bones.
133. White swellings.
134. Other diseases of the joints.
    - A. Arthritis.
    - B. Others.
135. Amputation.
136. Other diseases of organs of locomotion.

(*g*) We distinguish : (1) The accidents of pregnancy ; (2) Those of delivery ; (3) Those which follow delivery. Extra-uterine pregnancy is, in our opinion, too rare a phenomenon to deserve a separate heading.

The exact limits of puerperal septicæmia have not yet been traced ; the existing tendency is to attribute to the principle of infection a great number of accidents which were formerly believed to be independent of puerperal fever. This point not being scientifically determined, statisticians should be prudent and create special titles for the more frequent of these accidents. Later, when it shall become known where they belong, it will always be possible to add together the figures which follow each of these titles. We propose, therefore, to introduce special titles for the following diseases : 1. Septicæmia ; 2. Phlebitis ; 3. Metroperitonitis ; 4. Puerperal albuminuria and eclampsia (diseases which perhaps are not identical) ; 5. Phlegmasia alba dolens ; 6. Other diseases.

It would be unfortunate not to place these titles near together, or to transfer some of them to the infectious diseases. We do not yet know, in fact, what diseases among these are of bacterial origin ; some physicians willingly apply this title to them now, and no one knows just where we shall find them in the future.

Moreover, many diagnoses are practically incomplete. Many women are registered as dead from the "accidents of childbirth," no indication being given whether death was caused by infection.

(*h*) Erysipelas, anthrax, and also phlegmon are classed to-day as infectious diseases, but since these diseases affect only the skin and its adnexa, there is no advantage in classifying them as general diseases since they are not general diseases. All the nomenclatures take this course so far as anthrax and phlegmon are concerned; but they are less unanimous regarding erysipelas. Moreover, the figures which represent this last disease are always imcomplete, since it is very often nothing but a complication of some other disease.

(*i*) Among the diseases of the bones, we have given a separate place to Pott's disease (as done in the Italian nomenclature). In our opinion it would be a mistake to classify this disease with tuberculosis, since it may happen that Potts' disease be not tuberculous.

We are compelled by the neglect of a few physicians to introduce the title "amputation." Amputation is not a disease and ought not to be considered as a cause of death, since it is on the contrary an operation designed to prevent death. But it often happens that medical men, instead of stating definitely the disease or lesion which has made the amputatiom necessary, write simply the word "amputation."

Class X.—Malformations (*j*)

137. Malformations.

Class XI.—Infantile.

137. *bis.* Newly-born; foundlings, discharged from hospital without having been sick.
138. Congenital debility, icterus and sclerema.
139. Neglect.
140. Other diseases peculiar to infancy.

Class XII.—Old Age.

141. Senile debility.

Class XIII —External Violence. (*k*)

142. Suicide or attempt at suicide.
    - A. By poison.
    - B. By asphyxia.
    - C. By strangulation.
    - D. By firearms.
    - E. By cutting instruments.
    - F. By drowning.
    - G. By precipitation from a height.
    - H. By crushing.
    - I. Others.
143. Fractures.
144. Sprains and dislocations.
    - A. Sprains.
    - B. Dislocations.
145. Other accidental injuries.
146. Burns.
    - A. By fire.
    - B. By corrosive substances.
147. Sunstroke and freezing.
148. Accidental drowning.
149. Overwork and inanition.
    - A. Overwork.
    - B. Inanition.
150. Inhalation of noxious gases (suicide excepted.)
151. Other accidental poisoning.
152. Other external violence.

(*j*) Since malformations, even though congenital, may cause death at later periods of life they should be placed in a separate class.

(*k*) The different modes of death by violence are many in number; we have selected those which are the most frequent, and have presented titles which are sufficiently comprehensive, so that any one may, without difficulty, classify any unforseen cases which may occur.

Class XIV.—ILL-DEFINED DISEASES (*l*)

153. Exhaustion, cachexia.
154. Fever.
    - A. *Embarras gastrique.*
    - B. Inflammatory fever.
155. Dropsy.
156. Asphyxia ; cyanosis.
157. Sudden death.
158. Abdominal tumor.
159. Other tumors.
160. " Plaie."
161. Unknown or not specified diseases.

(*l*) It often happens that the physician cannot state definitely the cause of death, and is compelled to give as the cause some symptoms which are common to several different diseases. This frequently happens, for example, in cases of sudden death. It may be apoplexy, it may be the rupture of an aneurism, it may be angina pectoris or possibly some other disease which has caused death. The physician cannot ascertain the cause, and therefore writes upon the certificate the words "sudden death." Statistics would deprive us of important information if these deaths were to be confounded with those from "unknown or unspecified causes." Titles should therefore be given to them.

[CANADIAN REVISION COMMISSION'S NOTE.—In the above pages, only the *long* nomenclature has been reproduced, as it is impossible to revise the two abridged nomenclatures, which are a *résumé* of the long one, without an agreement being previously reached regarding the main nomenclature. In regard to Bertillon's annotation of the nomenclature, it has been possible to reprint only the most important parts.]

Selected Articles.

ABSTRACT OF AN ADDRESS ON A PROPOSED SCHEME FOR A DOMINION MEDICAL COUNCIL.

By T. G. Roddick, M. D., L. L. D., M. P., Professor of Surgery, McGill University.

As you are all aware, by the British North America Act, the subject of education was placed within the exclusive jurisdiction of the Provincial Legislatures. Section 93 of that Act reads: "In and for each "Province the Legislature may exclusively make laws in relation to Edu-"cation, subject and according to the following Provisions." These provisions do not, however, interest us, as they have reference entirely to common schools. This fact would give one the impression that professional education was not meant to be included in the section, or that it was overlooked or forgotten by those who were responsible for the framing of the act.

The Confederation of the Provinces had scarcely been consummated when our profession realized that a mistake had been made and that the municipality of medical boards throughout the Dominion would lead to great abuses and untold complications. Therefore we find the Canadian Medical Association at one of its earliest meetings, in 1869, suggesting a Dominion Medical Bill, called "The Medical Act of the Dominion of Canada." This bill, most comprehensive, was presented before the Association at the third meeting, in the city of Ottawa; and after a long and somewhat acrimonious debate, was finally abandoned and so far as I know, was never brought up for reconsideration. Doubtless the fact that the profession in Ontario had, in the meantime, put into operation their own medical act, militated against the greater scheme. I am inclined to think that other reasons for its early demise are to be found in the attempt made, practically to expunge the provincial boards. and also to give a preponderating influence to the universities.

Nothing further was done however in this direction until a very few years since, when at the meeting of the Canadian Medical Association in Kingston, a committee was formed to discuss and report upon the question of interprovincial registration or some scheme of reciprocity, all with a view to harmonizing the practice of the profession throughout the Dominion, but more especially on the frontier settlements of the various provinces.

Little of a practical character was accomplished until last year, when the committee reported very fully, making among other recommendations the following: "That so soon as the various councils of the Dominion shall establish an examining board of the Dominion conducted by examiners appointed by the medical councils of the several provinces, their candidates passing a successful examination before said board and obtaining a certificate to that effect, shall be entitled to registration in the several provinces of the Dominion on payment of the registration fee, providing they are not guilty of infamous or disgraceful conduct in a professional respect.

"Your committee desire to recommend that further efforts be made to ascertain the practicability of federal legislation leading to the establishment of a central qualification which will also place the profession in Canada upon an equal footing with that of Great Britain, and that Dr. Roddick be authorized to take the neccessary steps in said matter.

"We further recommend that this association shall appoint a committee who shall consider and recommend the details as to the number of examiners to be appointed, the method of conducting examinations, the fees to be charged, and other necessary details to bring the aforesaid scheme into active operation, which details the officers of this association shall, with the foregoing, send to each of the respective councils for approval."

The following were named a committee to strengthen Dr. Roddick's hands before the Government:—Dr. McNeill, Prince Edward Island; Dr. Muir, Nova Scotia; Dr. Walker, New Brunswick; Hon. Dr. Marcil, Quebec; Dr. Williams, Ontario; Dr. Thornton, Manitoba; Dr. Bain, Northwest Territories, and Dr. McKechnie, British Columbia.

(The delegates from Quebec on the committee could promise nothing with regard to a central examining board for the Province of Quebec, the universities having already positively refused to surrender their charter rights.)

Feeling the responsibility of this charge, I have been engaged more or less, ever since the meeting, collecting information from various sources (among others from the law officers of the Crown) and am now in a position to place before the profession of Canada a scheme which if acceptable to the various medical boards of the Dominion, may I trust with some modifications, become law at no distant date.

At first sight it would seem as if any plan were impossible that looked to united action. The Dominion Parliament cannot, on the one hand, infringe on the Provincial jurisdiction, while, on the other hand the Provincial Legislatures cannot unite in creating a central or federal medical board, because their powers are, in each instance, confined strictly to their own territory. If this opinion be correct, any scheme looking to interprovincial registration, or in other words any bargain made between the Profession in the various Provinces, or between the Boards as representing the Profession, would be *ultra vires.*

Under Section 91 however, of the British North America Act, the Dominion Parliament has power " To make laws for the Peace, Order " and good Government of Canada, in relation to all matters not coming " within the Classes of Subjects by this Act assigned exclusively to the Legislatures of the Provinces." Under these general terms it is believed that the Dominion Parliament may create a corporation for such objects relating to medical education and practice as are of general Dominion interest and importance, and as are beyond the Provincial powers.

Uniformity of medical education and the promotion of interprovincial registration are just such objects. The plan by which it is now proposed (for our purpose) to effect them is as follows:—

By an act of the Dominion Parliament, a corporation may be created called, let us say *The Dominion Medical Council* which would be composed of medical practitioners from each province and from the Northwest territories. The principal function of this council would be to register all persons who have complied with certain requirements, as to education and training for the practice of medicine and surgery, and all applicants who shall have complied, would receive what might be termed Dominion registration by the council.

This registration would, however, *per se* confer no right to practise in any province of the Dominion. The Dominion Parliament has, of course, no power to make such an enactment ; but it is within its power to enact that such registration shall alone confer the right to practise in any of the territories over which it has direct legislative control ; and it may provide that such registration shall be a condition of employment in any medical capacity in the active service of the Dominion, as for example, the quarantine service, penitentiary surgeons, mounted police surgeons, the surgeons of the militia force generally, etc. Besides another important result of the establishment of such a system would be that Medical practitioners registered under it could claim registration under the Imperial Medical Act of 1886, without undergoing further examination. By this Act (as you are aware) where parts of a British possession are under both a central and a local legislature, the authority of the central legislature is requisite to entitle a colonial practitioner to British registry. Under the existing systems of provincial registration, Canadian practitioners are debarred from entering the extensive field of medical employment in the various departments of the Imperial service, such as for example, the army and navy, the Indian medical service, the colonial medical services, medical service under the Board of Trade, including ships' surgeons, etc., also from employment as sanitary officers in the United Kingdom.

At this point, however, the powers of this council would cease. *In order to bring about what we most desire*, viz, interprovincial registration, all the medical boards in the Dominion would have to be consulted, and their consent obtained to the passage of a short Act in their own Legislature, giving the right to any person registered under the Dominion Act to practise in any province, subject, of course, to the payment of any fee that the Province may impose. It will have to be shown further that the person obtaining Dominion registration has given evidence of possessing qualifications at least equal to those required for registration under the existing law of any province. In other words, the educational standard as to preliminary examination for study, the professional curriculum followed and the final examination must be fixed by the Dominion council at a level as high as or higher than that of any Province, with power in the council to keep it always so; and in case of failure at any time to maintain the standard, the Governor-General in Council might have power to intervene.

In the case of some of the Provinces, where the medical councils already possess the power of determining such equivalents, this matter could, perhaps, be arranged directly by these Councils. The medical councils of Ontario, Nova Scotia and the Northwest Territories have by recent enactments obtained such powers.

It will be observed that the proposed plan avoids in every possible way any encroachment upon the exclusive right of the Provinces as to maintaining their own system of medical education and registration. *I fully realize that any scheme, to have a sound constitutional basis and prove acceptable in working, must not encroach upon the provincial autonomy.* The various provincial medical boards or councils, (as they may be termed) shall continue their work of examination and registra tion as before, and to them shall be left all questions of taxation, discipline, etc. In a word the establishment of a Dominion Medical Council would simply provide a direct and efficient way of interprovincial registration, while promoting a high level of professional education.

One of the most difficult problems in connection with this subject is the composition of the proposed council. It is evident that it must be thoroughly representative of the Provinces; and as it will have to deal with professional questions, it should be kept above the plane of political interference. The matter, however, being one of great public importance, and the assistance of the Dominion Parliament being invoked, some provision would doubtless have to be made for the representation of that interest.

Let me suggest, then, that a Provincial Council consist of three classes of members, all of whom would be registered medical practitioners:

(a). One from each Province, including the Northwest Territories, to be appointed by the Governor-General in Council.

(b). One from each Province, including the Northwest Territories to be appointed by the Medical Council of the Province.

(c). The President of each Provincial Medical Council to be an *ex officio* member.

This would give a council of 24 members.

It is a question whether all the Provinces should have an equal number of members, in the council as permanently constituted, or whether the representation should be in some measure graded according to the relative number of practitioners in each province. In any case it would be desirable to keep the council of moderate number, for ease and efficiency of working, and to secure a representative majority at all times.

Now, so far, the outline of the proposed scheme deals only with students of medicine wishing to qualify themselves for practice in all or any of the provinces which accept Dominion registration as sufficient evidence of professional capacity.

With regard, however, to medical practitioners actually practising at the time of the passing of such an act, should the right be given them to avail themselves of the privileges under the act admitting them to practise in other provinces than that in which they had originally qualified? Should it be retroactive?

Many objections would doubtless be raised to such a clause, especially by the profession in the younger provinces who might dread a stampede in their direction. This could readily be overcome, however, by making some time limit, say five or seven years of actual practice, coupled with evidence of good professional standing. Medical men in practice for that length of time would not be so likely to migrate as the more recent graduates.

There are many matters of detail that might be introduced, but my chief purpose to-night is to excite a discussion on the general practicability of such a scheme as that which I have endeavored to outline.

The present state of affairs in connection with the practice of our profession in this country is anomalous, and exists perhaps, nowhere else. Where we have, simply imaginery lines or narrow rivers separating our provinces the present arrangements must continue to lead to hardships, both to the public and to medical men themselves, and sometimes to grave abuse. Besides, the provinces are all congested, the number of medical men being far too numerous in proportion to the population. This scheme would not only lead to a more equable distribution, but it would throw open the entire British Empire to our Canadian youth who have adopted medicine as a profession.—*Montreal Medical Journal.*

A CASE OF BRADYCARDIA OCCURRING IN A YOUNG MAN; NECROPSY.

By C. Dickie Murray, M. B., C. M., Professor of Clinical Medicine, Halifax Medical College Physician to Victoria General Hospital.

A seaman, aged twenty-one years, was admitted to the Victoria General Hospital, Halifax, N. S., on Nov. 9th, 1897, being one of the crew of a ship which was wrecked off that port on Nov. 7th. He complained of pain in the præcordial region, dizziness, dyspnœa, and occasional convulsive seizures. His father was living and well, his mother died from cancer, and he had two sisters who were well. His family history was otherwise unimportant. He had been at sea for the previous five years and had been constantly exposed to rough weather; he said he was scarcely ever dry. He had used alcohol and tobacco freely. There was no history of venereal disease. He had suffered from an attack of scarlet fever in childhood and about five years before admission to the hospital he was confined to bed for a fortnight by an attack of pain and soreness in the knee-joints and ankle-joints; the pain and soreness disappeared under treatment and were probably rheumatic. He dated his present condition back to four years ago when one day after running he was seized with a sudden pain over the heart, followed immediately by severe dyspnœa which continued for some days so that he was unable to work. The pain over the heart was followed by a sensation as of something bursting. His condition improved and he was able to return to work, but he had been troubled ever since by more or less pain and dyspnœa which were increased by exertion and were sometimes worse after eating. Since the first attack he had had several convulsive seizures which occurred suddenly with little or no warning. During these attacks he was quite unconscious and was told that he kicked and screamed for some minutes. He felt somewhat weak for two or three days following such a seizure. For the past year the pain and dyspnœa had been getting worse, so that he had not been able to do much hard work.

On examination the patient was found to be a well-nourished and very muscular man about 5ft. 4in. in height and weighing 130lbs.; he was bright and intelligent, his cheeks were ruddy, and he had no characteristic morbid appearances. All the systems except the circulatory were normal. As regards the circulatory system there was pain in the præcordia with dyspnœa and dizziness. A faint feeling was present which did not so much seem to depend upon exertion as upon his assuming the upright position. The dyspnœa often prevented him from sleeping at night. Sometimes the præcordial pain was increased by eating and was accompanied by a feeling of distension in the epigastrium. The cardiac impulse was hardly perceptible to the eye, but on palpation it was found to be slightly displaced downward and to the left; it was not strong but was felt to be longer or not so abrupt as the normal impulse. This impulse occurred about 26 or 28 times a minute. On percussion the cardiac dulness was found to be enlarged downwards and to the left. On auscultation a loud rough murmur was heard with the cardiac systole. This murmur was audible in the mitral area and slightly in the axilla, but was not transmitted to the back. It was also heard in the tricuspid area and over the whole of the heart, but loudest in the aortic and pulmonary areas, where another murmur was also heard immediately following the systole but not quite so loud as the systolic bruit. The murmurs could be heard along the carotid and subclavian vessels. The radial pulse was fairly strong and regular but somewhat delayed, occurring from 26 to 28 times a minute. There was no cyanosis or œdema or any abnormal condition of the superficial vessels.

Various drugs were administered from time to time with the view of accelerating the pulse-rate. Among those tried were alcohol which was given in moderate quantities during the whole of his stay in the hospital, atropin which was given at the suggestion of some members of the branch of the British Medical Association before whom he was exhibited, nitro-glycerine, strychnine, and digitalis, but none of these had the slightest appreciable effect upon the pulse-rate. One afternoon under the influence of laughter and excitement his pulse registered 42 for a short time. The cardiac murmurs were verified by numerous medical men and he was exhibited before, and examined by, members of my class of clinical medicine. On the afternoon of Jan. 1st, 1898, the patient, in company with two convalescent patients, left the hospital grounds and went into the town. They returned to the hospital late at night intoxicated and the patient was very sick and vomited much during the night. The next morning they were discharged from the hospital and the patient went to a boarding-house. On the following morning (Jan. 3rd) he called at my residence and asked me to prescribe for him as he was feeling very miserable. I suggested that the discipline of the hospital having been vindicated I would give the patient an order for readmission, of which he gladly availed himself. During the next twenty-four hours he was very quiet, but beyond being given a small quantity of alcohol four or five times a day he was under no medical treatment. On the 4th at 12 o'clock, on returning to the ward from the dining-room where he had eaten very little, he suddenly fell forward and in spite of attempts to resuscitate him he expired in about five minutes.

Necropsy.—A post-mortem examination was made by Dr. W. H. Hattie, pathologist to the hospital, and the various organs were carefully examined. No abnormal condition was found in connection with any organ but the heart and the lungs. The pleura of the left lung showed adhesions extending from the second rib to the base of the lung; these were separable by the hand. The right lung also showed adhesions, but these were not so extensive and were more easily separated. The heart weighed 14 oz.; all the valves were in perfect condition and were free from vegetations. The left side of the heart was hypertrophied and the muscle was hard and resistant: the right side was soft and flabby. The heart muscle was very friable and on being examined microscopically showed evidence of having undergone fatty change of an infiltrative character with possibly some true degeneration. The brain which was hardened in fluid and examined showed no morbid condition.

Remarks. — The case of bradycardia described above presents some features which make it desirable that it should find permanent record in the too scant literature referring to this symptom of disease. The ordinary text-books make but brief reference to this condition and I have found it difficult to get access to any very complete sketch of the clinical history of such cases or of the various pathological lesions usually accompanying them. The case presents several features of more than usual interest—namely: (1) the youth of the patient and his apparently well-nourished and robust condition: (2) the extreme slowness of the pulse which was unmodified by any drug tried; (3) the presence clinically of well-marked and diffuse murmurs which were not accounted for by any valvular conditions; and (4) the discovery post mortem of a degenerated heart muscle. The causes of bradycardia have been classified as follows: (*a*) cardiac alterations—fatty changes, stenosis of the coronary arteries, and presence of other degenerations and tumours of the heart; (*b*) irritative lesions of the central nervous system and vagus and injuries to the spinal cord in the cervical region either the result of trauma or the growth of tumours; (*c*) paralysis of the accelerator nerves and disease of the cervical ganglia; and (*d*) bulbar ischæmia and venous hyperæmia of medulla by sclerosis of arteries or by compression of the superior vena cava. This case was probably due to the first of these causes, the presence of fatty changes in the heart muscle being the only discoverable lesion. I regret that a careful examination of the cervical ganglia and of the nerve-supply of the heart was not made. The presence of occasional convulsive seizures reminds me that in the case of Napoleon 1, Corvisart, his physician, states that the Emperor's pulse was usually 40 and he was subject to occasional epileptiform seizures. A case has been recorded[1] in which the pulse was 40, the apex beat was imperceptible, and a loud systolic murmur was present. On a necropsy being made the heart was found to be hypertrophied and dilated and its walls flabby, but the valves were not affected. The slowing of the blood current must in some way produce the sounds heard.

[Dr. Murray's very striking case of bradycardia is well worthy of being recorded. The complete absence of any effect from the administration of drugs which usually accelerate the action of the heart is very noticeable. The slowness of the pulse was not so marked as has been described, for F. V. Boulioubach of Moscow is quoted in the *Universal Medical Journal,* of Philadelphia (September, 1895) as having observed one case in which 14 and on some occasions only 8 heart-beats were counted in a minute; though in such a case it is not improbable that heart-beats were missed. In Dr. Murray's case we are not told what was the condition of the peripheral vessels.]—*Lancet.*

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[1] Brit. Med. Jour., Sept. 10th, 1891.

Clinical Notes.

CASE OF VAGINAL FIBROMYOMA.

By T. C. Lockwood, M. D., Lockeport, N. S.

In November last I was consulted by Mrs. H., a healthy multipara, aged 38, in reference to a falling mass which for some months had interferred with patient's walking, by—as she expressed it, coming "out into the world," or protruding from the vulva.

On examination I found a hard encapsulated pear-shaped tumor about three inches long just within the vulva and attached by a thin pedicle, extending for two inches, from the cervico-vaginal junction anteriorly along the vaginal wall. On being informed of the nature of the trouble the patient readily consented to its removal.

On Dec. 6th, assisted by Dr. Irwin, I enucleated the growth by incising the capsule and gradually tearing it from the tumor, the vagina and tumor having first been well swabbed with hot carbolized water. The nutrient vessels bled freely and the cavity in vagina was well packed with iodoform gauze and pressure applied to control hæmorrhage. The gauze being removed and redundant tissues trimmed off with scissors, several silk sutures were inserted to pucker up vaginal wall, the parts were dusted with iodoform and an absorbent cotton tampon was inserted.

The patient made an uninterrupted recovery. This case is somewhat interesting on account of the infrequency of these growths in the vaginal walls, two cases being lately reported in the *British Medical Journal.*

THE

MARITIME MEDICAL NEWS.

VOL. XI. MAY, 1899. NO. 5.

Editorial.

THE ANNUAL MEETINGS.

As the season of medical meetings approaches, it becomes the physician who is considerate of his health, who realizes the advantages of a change in associations, and who takes interest in the thoughts and achievements of others, to plan attendance upon at least one of the professional gatherings. The annual meetings offer such excellent opportunities for the making and renewing of acquaintances, for the interchange of opinions, for sight-seeing, and for making holiday, that no physician can afford to miss them.

This year meetings will be held in each of the three maritime provinces. The most important of these, and the one which should receive the most support, as it represents the largest constituency, is that of the Maritime Medical Association, which takes place at Charlottetown on the 12th. and 13th. of July. The reputation of "the garden of the gulf" as a summer resort, combined with the attractiveness of a pleasant sail across the Straits of Northumberland, should prove sufficient inducement to draw a large number of the profession to this meeting. We can, moreover, assure our readers that the programme will be in every respect excellent, and the hospitality of the good citizens of Charlottetown is so well known that all can feel confident of a warm and genorous welcome. Those who will find it impossible to attend this meeting, and possibly many of those who are not thus disappointed, will have the opportunity to attend the no less attractive meetings of the provincial societies. The Medical Society of Nova Scotia meets in Truro on the 5th. and 6th. of July; and the New Brunswick Medical Society meets in Fredericton on the 18th and 19th of July. Both meetings promise to be of more than ordinary interest, and both deserve a large attendance. It is expected that Drs. Roddick of Montreal and Starr of Toronto will present papers at the meeting of the Medical Society of Nova Scotia, and there will be many other important communications. Entertainment will not be wanting, and we confidently predict both pleasure and profit for those who will be present.

We urge the members of the profession to give loyal and hearty support to the annual meetings. To a very large extent our profession is judged by the character of the meetings which are held from year to year. The doctor's interest in medical advance is, by the lay mind, guaged by the regularity with which he embraces these opportunities of exchanging thoughts aud of "brushing up." The public at large rarely fail to devote at least some attention to the medical gatherings, many are shrewd enough to form a fairly accurate estimate of the success attending them, and it is not unreasonable that they should judge the standing of the profession in general by the level reached at meetings which should be representative. So every medical man is both directly and indirectly interested in the success of the annual meeting of the society with which he is, or should be connected, and he serves his interests best who strives to promote the success of the meeting not only in point of attendance, but also in the excellence of the programme.

Readers will find particulars in our advertising pages.

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INTERNATIONAL COMMISSION FOR THE DECENNIAL REVISION OF THE BERTILLON NOMENCLATURE OF DISEASES.

Circular to Provincial Boards of Health, to Local Boards of Health, to Statistical Bureaus, to Medical and Surgical Colleges, to Medical Faculties, to Medical Societies and to members of the Medical profession, in the Dominion of Canada.

In order to make more easy and exact the comparison of the vital statistics of different countries, Dr. Bertillon presented to the "International Institute of Statistics" in 1893, a scheme for an *international* nomenclature of diseases, which is in a manner a compromise between the English, the German, the Italian and those of other countries. (Published on page 150 of this issue of the News.) This nomenclature has been successfully adopted by the city of Paris, by Mexico, by the Province of Quebec, by the State of Michigan, by the province of Ontario, by the State of Maryland, and by the State of Indiana. It is also in use in Uruguay, the Argentine Repuplic and Costa Rica.

The "Conference of State and Provincial Boards of North America," and the "American Public Health Association" have recommended its adoption in each state of the American Union and Mexico, and in each of the provinces of Canada. Its adoption has also been recommended to the authorities charged with the preparation of the coming census of the United States of America, of the Republic of Mexico and of Canada. Others have promised to adopt the system, so that speaking generally, it may be said that the adoption of this nomenclature is destined to become practically universal, for the continent of America at least.

In adopting a nomenclature of diseases, it is necessary, *always keeping in view the desirability of making the fewest changes possible*, to provide for its revision at stated periods, in order to keep in touch with the progress of medical science; and to this end the American Public Health Association, at its Ottawa meeting (1898), approved of the scheme for revision submitted by Dr. Wilbur, after he had already been assured of the cooperation of the French sanitary authorities. The scheme of revision should be completed ready for presentation to the "International Congress of Hygiene and Demography" which will sit in Paris during the summer of 1900.

The American Public Health Association, in which are represented the United States of America, the Republic of Mexico and the Dominion of Canada, has nominated the following committees to receive suggestions, and in a word to direct the work in their respective countries.

UNITED STATES OF AMERICA.	Dr. SAMUEL W. ABBOTT, Boston, Massachusetts.
	Dr. A. G. YOUNG, Augusta, Maine.
	Dr. CRESSY L. WILBUR, Lansing, Michigan, *Secretary*.
MEXICO	Dr. EDUARDO LICAEGA, Mexico.
	Dr. JESUS E. MONJARAS, San Luis, Potosi.
	Dr. JOSE RAMIREZ, Mexico, *Secretary*.
CANADA.	Dr. E. PERSILLIER LACHAPELLE, Montreal, P. Q.
	Dr. PETER H. BRYCE, Toronto, Ont.
	Dr. ELZEAR PELLETIER, Montreal, P. Q., *Secretary*.

In order to carry out its portion of the work, the Committe for Canada forwards with this circular, a copy of the nomenclature (Bertillon), and requests all who have interested themselves in vital statistics to carefully peruse the same, and to thereafter point out any omissions in it, any improvements which can be made in it, &c., &c.,

As we will have to compile the suggestions received before forwarding them to the committees of the other Countries, we can not promise to consider communications sent in later than the 1st of June next, and consequently we request that each will address to us his suggestions without delay.

The Canadian Committee,

April 14th, 1899.

E. P. LACHAPELLE,
PETER H. BRYCE,
ELZEAR PELLETIER, secretary.
76, St-Gabriel St., Montreal.

P. S.—It is recommended to correspondents to indicate clearly: (*a*) the number of the title in the nomenclature, (*b*) the change propose, (*c*) the reason for the change, (*d*) their name, office and address. The following form, which contains one of the suggestions already made to the Commission, is an illustration of this:

(*a*) NUMBER OF THE TITLE, WHICH IT IS PPOPOSED TO AMEND: 130.

(*b*) CHANGE PROPOSED: Transfer Pott's Disease to "22E Tuberculosis of other organs."

(*c*) REASON FOR CHANGE: Pott's disease is usually tubercular. Other similar tubercular diseases may well be joined with it for general statistical treatment. All tuberculosis should be together under one general title.

Signature: CRESSY L. WILBUR, M. D.,
Office: Chief of Vital Statistics, Michigan,
Address: Lansing, Michigan.

March 16th, 1899.

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CARE OF CONSUMPTIVES IN THE VICTORIA GENERAL HOSPITAL.

At a meeting of the Medical Board of the Victoria General Hospital held on April 13th., 1899, the following resolution was unanimously passed:

"That the Medical Board of the Victoria General Hospital draw the attention of the local government to the inadequacy of the present provision for the care and treatment of consumptives in that institution, and to the danger to other patients arising from their presence in the general wards of the hospital." The secretary was instructed to forward a copy of resolutions to the Hon. Commissioner of Works and Mines.

* *

CANADIAN MEDICAL ASSOCIATION.

On August 30th, 31st and Sept. 1st, 1899, the next annual meeting of the Canadian Medical Association will be held at Toronto under the presidency of Dr. Irving H. Cameron.

It is now some ten years since this association met in Toronto and every effort will be put forward to make this the most successful meeting ever held. One of the most interesting features of the meeting will be the probable arrangement of the final details of a scheme whereby Dominion Registration will become, in the near future, an accomplished fact. This together with an ever growing interest in the value of the association as a promoter of scientific research, will add materially to the success of the Toronto gathering.

Society Meetings.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

March 22.—Dr. Murdoch Chisholm, President, in the chair.

Dr. T. J. F. Murphy read a paper on "Sterilization of Catgut." (Published on page 145 of this issue of the NEWS.)

Dr. Murphy exhibited the apparatus required for sterilization and explained its use. He also passed around several samples of gut that he himself had sterilized and claimed that they were thoroughly aseptic until they reached the hands of some of the members.

Dr. Black referred to the importance of getting properly prepared material for sutures. He was glad that Dr. Murphy had given his experience.

Dr. Farrell remarked on the strength of the samples. Under old methods the gut was not so strong.

Dr. Black asked if the same method could be applied to silk.

Dr. Murphy answered in the affirmative.

The President said we were indebted to Dr. Murphy for his exposition. He never felt safe with catgut as we generally get it.

Dr. Stewart stated that he used chromicized gut which he had got from Miln, London, who in Lister's time had been a carpenter in the Royal Infirmary. Lister adopted chromicized gut. Dr. Stewart always keeps it in a solution of carbolic acid, one to twenty, and has never seen sepsis from its use. He uses it for ligatures and deep sutures—not for skin sutures. Before using he puts it in boiling water. The cumol gut is considered good by some. It is strong when dry, but there is a possibility that it is not so strong when moistened by the tissues.

Dr. Murphy replied that he had used it in ten or twelve laparotomies, though he never tied the pedicle with it and no sepsis developed. Kelly has used cumol gut since 1894, with satisfactory results.

Dr. D. A. Campbell then read a paper on "Diagnosis of Tuberculosis." (This will be published in our next issue.)

Dr. M. A. B. Smith referred to the claim that Koch's tuberculin destroyed the soil in which the bacillus grew.

Dr. Murray asked whether it was true that bacilli were found in some specimens of tuberculin that were marketed. He referred to the necessity for further provision for consumptive patients. He gave notice of motion that the local government be memorialized on the subject of further provision for this class of patients.

Drs. Weaver, Stewart, Black and Farrell also took part in the discussion.

Dr. Campbell in closing stated that he did not know what caused the reaction, whether it was destroying the soil or not. Tuberculin is a complex substance, probably containing the fever producing agent. In no form of the disease was the reaction so characteristic as in lupus, nor were the therapeutical results so good in any other form. There were other conditions where tuberculin would afford great practical aid, as, for example. in chronic cystitis which is occasionally tubercular. A careful search may, however, fail to reveal the bacilli. If treatment is not satisfactory use the tuberculin test. Then again in bone and joint affection, as in Pott's disease, the onset is often insidious and it is a long time before we can decide. In these cases we cannot commence treatment until we are pretty sure of our diagnosis. The use of tuberculin is justifiable in such cases. In a doubtful abdominal condition it could be used. Twice he had used it to clear up a diagnosis. Again, pulmonary tuberculosis may be initially in the pleura. A friction sound may be noticed at the base and we may be in doubt as to its signification. In such cases it is wise to try tuberculin.

The committee on " New Remedies " being ready to report, was asked to proceed.

Dr. Ross being called upon, first referred to "Orthoform." This drug was referred to in the MARITIME MEDICAL NEWS, in the March number of last year, by Dr. Crawford of St. John, the article being a translation from a paper by Drs. Einhorn and Heinz, who first introduced orthoform. It appears to be absolutely free from toxic effects, yet when applied to mucous membranes in the form of powder or ointment gives rise in a few minutes to slowly progressive anæsthesia. The same analgesic action also manifests itself on the surface of wounds and of painful ulcerations, but not through the skin or an indurated mucous membrane. The drug remains inactive therefore, whenever there is no solution of continuity of the integument, as in burns of the first degree, wounds closed by sutures, etc. Its analgesic action is extremely marked, on the other hand, in burns of the third degree, in all painful wounds, cancers, varicose ulcers of the leg, fissures of the lips, nipple, and anus, ulcers of the tongue, larynx, etc. Taken internally orthoform is an efficacious remedy for soothing the pain of round ulcer of the stomach, but it fails to relieve the painful sensations connected with chronic catarrh or with dilatation of the stomach, the gastric mucous membrane being intact in these cases. Orthoform combines with hydrochloric acid, forming with it a soluble salt. This orthoform hydrochlorate is not suitable, however, for anæsthetizing the conjunctiva or the nasal, pharyngeal or laryngeal mucous membrane, nor can it be utilized for subcutaneous injections, as it is very irritating to the tissues, owing to the acid reaction of its solutions. It may nevertheless, be used internally in ulcers and cancers of the stomach. In a recent article in a French journal the statement is made, " Orthoform has evidently come to stay." Dr. Kallenburger states that the local anæsthesia is complete in three to five numbers and lasted on an average thirty-five hours. He employed this agent in the form of an ointment to the best effect when an exudation was abundant, for the usual powder form would be washed away. Dr. Blondell of France, reported to the Paris Academy of Medicine his results in gynæcology. One series of fifty patients were treated successfully for endometritis. He used in these cases orthoform suspended in glycerine employed to saturate antiseptic gauze which was introduced into the uterine cavity. In cases where curetting was called for, he packed the uterine cavity with orthoform gauze an hour before he was to operate, which made the subsequent operation painless.

Kallenburger has employed orthoform in wounds and burns, in ulcers of the leg, in carcinomatous ulcers and in toothache where the nerve endings were exposed. Dr. Crawford some time ago referred to the satisfactory results he had obtained with insufflations of orthoform in a case of tubercular laryngitis. Dr. Ross said that his own experience with the drug was limited, but it had proved successful in relieving the pain in a case of crushed thumb, another of chancre of the lip, and in two cases of ulcer of the leg.

" Schleich's Infiltration Method " was then referred to. This method of producing local anæsthesia is not new, but probably it is not used as much by the profession as it should. The medium strength solution consists of cocaine half a grain, morphia one-eighth of a grain, sodium chloride one grain, added to one ounce of distilled water : and two drops of a five per cent. solution of carbolic acid added. The strong solution contains one grain of cocaine to the ounce, the other ingredients being the same as given. It must not be injected in a focus of inflammation because it would increase tension. The method is now in common practice by many busy practitioners. Operations have been done, from the removal of ovarian tumours and amputations down to the opening of boils. Dr. Ross used the medium strength tablets, put up by Parke, Davis & Co., with excellent results in two or three cases.

" Nosophen " was also referred to, it being an iodoform substitute. " Antinosine " is the sodium salt. In the *St. Louis Medical and Surgical Journal* recently was an article by Ohmann-Dumesnil on " A Rapid and Successful Treatment of Chronic Ulcers of the Leg," in which antinosine was used with great success.

Obituary.

Dr. D. C. ALLAN.—The death occurred on April 28th, at Port Elgin of Dr. D. C. Allan, of Amherst. Two weeks previously, owing to failing health, Dr. Allan went to Port Elgin, hoping the rest would benefit him. Immediately on arrival, however, he became worse. He became unconscious two days before his death and remained so till the morning of the 28th ult., when he passed away. Deceased was 44 years of age, a native of Westmoreland Co., N. B., and practised his profession for over twenty years in Amherst. He was twice elected mayor of Amherst, having served in that capacity during 1898. He leaves a wife and one daughter, wife of Sheriff McQueen of Westmorland Co.

Dr. WM. C. CUTLER.—The death took place on the 1st inst, of Dr. Wm. C. Cutler, at his home in Chelsea, Mass. Dr. Cutler had ever been alive to the progress of medial science, he being the first physlcian in his vicinity to use antitoxine for diphtheria, and was the first in Chelsea to practise intubation for diphtheritic croup. In 1871, in the height of a smallpox epidemic, he became particularly interested in the preparation of bovine vaccine; and, as founder and president of the New England Vaccine Company, his labors have become widely known. Dr. Cutler was for some years consulting surgeon to the Rufus S. Frost General Hospital of Chelsea. His skill and kindness of heart had earned reward beyond power of payment, and his good deeds without number will be cause for sincere gratitude.

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Matters Personal and Impersonal.

The following graduates obtained the degree of M. D., C. M., Dalhousie University, which was conferred at the Convocation held on April 25th:

W. B. Almon, Halifax; E. P. Atkinson, Baie Verte; E. D. Farrell, Halifax; L. P. Farrell, Halifax; W. V. Goodwin, Baie Verte; M. T. McLean, Groves' Point, C. B.; J. St. C. McKay, Earltown; C. E. McMillan, Whycocomagh; J. G. Munroe, River John; Mary L. Randall Bayfield; S. E. Shaw, Waterville.

Dr. W. B. Almon is just leaving to do post-graduate work in Paris and London.

Dr. E. P. Atkinson will probably locate at Baie Verte.

Dr. E. D. Farrell is now associated with his father, Dr. E. Farrell.

Dr. L. P. Farrell has received the appointment of junior House Surgeon to the Victoria General Hospital.

Dr. W. V. Goodwin has decided to locate at Amherst.

Dr. M. T. McLean is at present looking after another physician's practice at Louisburg, C. B.

Dr. C. E. McMillan intends locating at Whycocomagh, C. B.

Dr. J. St. C. McKay will probably locate at Fredericton. At present he is acting as locum tenens for Dr. G. M. Campbell.

Dr. J. G. Munroe has settled at Lockeport.

Dr. Mary L. Randall has gone to her home at Bayfield and will probably remain there for a few months before taking up post-graduate work.

Dr. S. E. Shaw has been appointed surgeon to the surveying steamer "Gulnare."

Dr. Frank Irwin, who for a number of years practised at Lockeport, has removed to Honolulu, Hawaiian Islands.

Dr. F. A. R. Gow has removed his residence from Pleasant St. to 67 Hollis St.

Dr. C. D. Murray has removed from 327 Brunswick Street to 11 Spring Garden Road.

Dr. H. D. Weaver has removed from Pleasant Street to 41 Spring Garden Road.

Dr. G. M. Campbell has gone to New York for a short time to do some post-graduate work.

Dr. W. S. Muir, the indefatigable secretary of the Nova Scotia Medical Society is again around after a severe attack of la grippe which confined him to the house for several weeks.

Dr. J. P. Grant, of Bridgetown, left this month for London to take up study in the great metropolis.

Dr. M. D. Morrison, of Old Bridgeport, C. B., has gone to New York and will remain for three months at post-graduate work. Dr. J. J. Doyle is attending to Dr. Morrison's practice, while the latter is away.

Dr. Hugh L. Dickey, who returned this month from London will probably reside in Charlottetown, confining his practice to the eye, ear, nose and throat.

Dr. Edward Farrell, of this city, was appointed the Canadian representative on the International Commission which deals with the important subject of Tuberculosis. The Commission meets at Berlin from the 24th to the 28th of May, Dr. Farrell having left here on the 8th inst.

Dr. E. A. Kirkpatrick accompanied Dr. Farrell on his trip, and will visit when away some of the important special hospitals on the continent.

Dr. W. N. Wickwire, who was injured by a driving accident a short time ago, we are pleased to see around once more.

Dr. W. D. Rankin, of Woodstock, N. B., recently left for London, to carry on some hospital work.

Dr. M. G. Atkinson, formerly of Truro, who has been studying in the larger continental cities has settled in this city and will devote his attention to diseases of the eye. ear, nose and throat.

Dr. Murdoch Chisholm was elected alderman of Ward V. by a large majority at the recent civic elections.

Dr. M. A. B. Smith, of Dartmouth, has been appointed by the local government one of the visiting physicians to the Victoria General Hospital.

Dr. E. H. Lowerison received the appointment as oculist and aurist to the Victoria General Hospital, to fill the vacancy caused by the death of Dr. Dodge.

Dr. George G. Gandier, who was away to London doing post-graduate work for some months, recently returned and has resumed practice at Pictou.

Dr. M. A. Curry, who was away to Boston on a fortnight's trip seeking a much needed rest, has returned feeling greatly improved.

Drs. J. F. Black and G. L. Sinclair who were visiting some of the principal American hospitals will return in a few days.

Dr. J. Clarence Webster, lecturer in gynæcology at McGill University and assistant gynæcologist at the Royal Victoria Hospital, has resigned to accept the chair of obstetrics and gynæcology in the University of Chicago. Dr. Webster is a New Brunswick boy and has had a very brilliant career. Besides, he has written several prominent works, his last on "Diseases of Women" having been reviewed in the NEWS. We congratulate Dr. Webster on the very flattering offer extended to him.

Dr. Nicholas Senn is considering the proffered support of a large element of the Republican party of Illinois, looking toward the nomination for Governor.

A handy little book, consisting of Diet Lists with Recipes, has been published by Smith, Kline & French Co., Philadelphia, the manufacturers of Eskay's Albumenized Food. There is a series of lists suitable for different diseases, and a leaf, which is detachable, can be handed to the nurse for ready reference.

In our last issue we mentioned that Messrs. Simson Bros. & Co. offered a prize of twenty-five dollars to the students of the Halifax Medical College for an examination in therapeutics. This statement was not quite correct, for the prize was given by Mr. F. C. Simson, of that firm, as a personal gift. It was decided to divide the amount equally and present to the winners in materia medica and therapeutics. The examination in the former was conducted by Dr. F. W. Goodwin and in the latter by Dr. M. A. B. Smith. The winner in materia medica was Mr. J. A. C. Rodgerson, of Mount Stewart, P. E. I., and in therapeutics Miss Winifred B. Braine, of Halifax.

The *Kansas City Medical Index* and the *Kansas City Lancet* have become merged into one, thus uniting the forces of these two well-known journals. The consolidated journal will be known as the *Kansas City Medical Index-Lancet*, which will have as editor and publisher Dr. John Punton, formerly of the *Lancet*. We congratulate the management for the general appearance of the *Index-Lancet*, and trust the amalgamation will prove in every way successful.

Book Review.

Sajous' Annual and Analytical Cyclopædia of Practical Medicine.—By Charles E. DeM. Sajous, M. D., and One Hundred Associate Editors, assisted by Correspondiug Editors, Collaborators and Correspondents. Illustrated with Chromo-lithograph Engravings and maps. Volume III. Dislocations—Infantile Myxœdema. Sold by subscription for series of six volumes only. Cloth, $5.00. Half Russia, $6.00 per volume. Published by the F. A. Davis Co., Philadelphia.

Volume III. of "the new Sajous" confirms in every particular the high opinion we have already expressed in respect to this excellent cyclopædia, the first two volumes of which were reviewed in previous issues. The work is so exceedingly well arranged, so free from unnecessary wordage, and so eminently practlcal, that it captivates one at sight. It contains just the information that is wanted on each subject treated—the points that are well established nicely seasoned with carefully selected siftings from recent literature. The whole broad field of medical science is, or is to be covered, each subject, be it medical, surgical, therapeutic, or whatever it be, receiving the discussion which its importance demands. Special space is given to subjects calculated to elucidate, by close analysis, obscure phases of pathogenesis. Thus in the volume under review the articles on "Infantile Myxœdema," by Prof. Osler and Dr. Norton, of Baltimore: "Exophthalmic Goitre," by Prof. Putman, of Boston: and "Goitre," by Prof. Adami, of Montreal, "form a trio which may be said to point to much of the progress that is to attend medicine in the near future." The speculative, however, is not permitted to detract from the practical value of the work, and volume three is particularly characterized by the large amount of space devoted to treatment.

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PAMPHLETS RECEIVED.

The President's Address: Aims and Claims.—By Charles R. Dickson, M. D., Toronto. Reprinted from the *Transactions of the American Electro-Therapeutic Association, 1898.*

Electricity in the Treatment of Goitre and Some Surgical Uses of Electricity.—By Charles R. Dickson, M. D., Toronto Reprinted from the *Transactions of the American Electro-Therapeutic Association, 1898.*

PERICARDIAL DISEASES, ILLUSTRATED CLINICALLY.—By Thomas E. Satterthwaite, M. D., New York City. Reprinted from *Medical Times.*

CORPULENCE AND THE FATTY HEART.—By Thomas E. Satterthwaite, M. D., New York City. Reprinted from the *Post-Graduate.*

THE PROGRESS OF RHINO-LARYNGOLOGY.—By W. Scheppegrell, A. M., M. D., New Orleans.

CLINICAL NOTES ON NOSOPHEN, ANTINOSINE, AND NOSOPHEN GAUGE.—By John S. Perekhan, M. D., Chicago. Beprinted from *The Chicago Medical Recorder.*

❧ ❧

ONE OF THE OLDEST ANTISEPTICS, BUT ONE OF THE BEST.—There are thousands of physicians, yes, tens of thousands, we doubt not, who can say with "Doctor," in "An Interview," "Why, I absolutely depend upon listerine in most of my throat work, and find it of inestimable value in my typhoid cases (as many a poor soldier boy can testify), and there are a number of purposes I put it to in the sick room, where nothing can take its place, notably, as a douche, month-wash, and in sponging my fever patients. Furthermore, I always deem it my duty to see that my patients get exactly what I order for them, therefore, I always order an original package, thus avoiding all substitutes. That is just where my views upon professional attitude and sound business policy consolidate into one joint effort for the patient's benefit. and incidentally, my own."

Like every other good thing, listerine has been counterfeited, as many a physician has found to his regret, none of the "just as good and cheaper" preparations approaching it for trustworthy antiseptic service.—*Mass. Medical Journal.*

SANMETTO AND SUBSTITUTES WITH THE "SAME FORMULÆ."—I have used sanmetto in cases of catarrh of the bladder and enlargement of the prostate gland with great succees. In fact I never saw anything so near a specific. Henceforth I will not be without sanmetto. Saw-palmetto and sanmetto substitutes with the "same formulæ" do not act nearly so well. I therefore with pleasure recommend sanmetto to the medical profession.

Calis, W. Va. J. L. SAMMONS. M. D.

WHEN PAIN IS DOMINANT.—"A number of years ago, in a conversation with my old friend, Professor Stucky. of Louisville, he told me that he used far less morphine now than formerly and that he was able to combat the factor of pain as successfully in the majority of cases without it as he did with it. He urged me to give antikamnia to my patients who had neuralgia, la grippe, rheumatism. locomotor ataxia and dysmenorrhœa, instead of using morphine. I acted on his suggestion and have been able to relieve this class of patients as effectively and without producing the evils that result from the exhibition of opium or its alkaloids. Antikamnia possesses anodyne. antipyretic and analgesic virtues and has been thoroughly tried by able therapeutists. Prof. Shoemaker, of Philadelphia, has found it very valuable in rheumatism, migraine or neuralgic headache and many other nervous affections."

THE
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Original Communications.

TUBERCULIN—ITS VALUE AS AN AID IN THE EARLY DIAGNOSIS OF TUBERCULOSIS.*

By D. A. CAMPBELL, M. D., Halifax.

Koch's discovery of the specific micro-organism has enriched our knowledge and changed many of our conceptions respecting tuberculosis. The presence of the bacillus is now generally regarded as being a sufficient criterion to establish the nature of a doubtful lesion, and we can affirm that where the tubercle is there is tuberculosis, no matter how diverse the clinical manifestations or varied the anatomical appearances may be.

Tuberculosis now includes many conditions which were formerly regarded as distinct though closely allied diseases,—scrofula for example, and also embraces many diseases which were not even suspected to hold any relationship, such as lupus and Addison's disease. Furthermore, the identity of human and animal tuberculosis has been clearly established.

The trend of all recent research on tuberculosis has been to make us more hopeful about the prevention and successful treatment of this wide-spread and destructive scourge. To obtain success in treatment it is most essential that it shall be adopted before the disease has made much headway. Early recognition of the disease is therefore of supreme importance, and any method that will afford aid in doing so, will surely be welcomed by the profession.

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* Read at N. S. Branch British Medical Association, March 22nd, 1899.

It is generally conceded that in the very early stages of pulmonary and even in the more advanced stages of glandular, bone and joint, serous membrane and genito-urinary tuberculosis, symptoms and physical signs rarely warrant a positive conclusion In some cases a careful and repeated search for bacilli, or an X-ray examination where practicable, will afford decisive indications; but there still remains a fairly large percentage of cases where such methods are of no avail, and some other decisive test is required.

This want is supplied by the tuberculin test which has proved so marvellously successful in leading to the detection of the disease among cattle.

Koch insisted strongly upon the value of tuberculin as an aid in the diagnosis of tuberculosis, but no doubt the total failure and possible dangers of the tuberculin treatment led to a wholesale condemnation of the use of the agent for any purposes in human beings.

It has been shown, however, by a few careful and judicious observers in Europe and on this continent, notably Trudeau, of Saranac Lake, that tuberculin may be given to human beings without any risk whatever and with decided advantage for diagnostic purposes.

Good clinical observers have not been slow in taking advantage of these researches, and in many quarters, especially in the United States, there is abundant evidence that the use of tuberculin is growing in favour. At the present time it is freely used by eminent practitioners in that country, notably by Shattuck and Williams, of Boston, Whittaker of Cincinnati and Osler of Baltimore. During the last two or three years the tuberculin test has been freely used in such well known institutions as the Boston City Hospital and the Johns Hopkins Hospital of Baltimore.

In view of the growing popularity of the use of this wonderful test, I thought it well to call your attention, briefly, to some of the chief points of interest in connection with the subject.

First, I will refer to the nature of tuberculin, and the chief features of the reaction it induces in tubercular individuals.

Tuberculin is a glycerine extract obtained from old cultures of the tubercle bacillus. It contains 40 to 50 per cent of glycerine which keeps it aseptic, and some complex proteid bodies not well understood, but which represent its active principle. It keeps well and preserves its activity indefinitely. It is somewhat variable in strength. It possesses very interesting properties. When injected subcutaneously into healthy persons, tuberculin has no appreciable effect, but when similarly used in tuberculous individuals, a marked febrile reaction follows, with at the same time, the occurrence of decided congestion round and about tubercular foci. The fever ensues for 6 to 12 hours after the injection and lasts a varying time—in some cases 24 hours, in others 48, or even longer. The rise of temperature is usually considerable, from three to five degrees F., and is accompanied with malaise, headache, muscular soreness and loss of appetite.

The duration and intensity of the febrile reaction do not depend upon the extent of the tuberculous lesions, but is even more marked when these are slight than in advanced cases. In advanced cases the presence of fever masks the reaction to a very large extent. In early cases the general reaction is marked and the local reaction is slight, whereas in advanced cases the local change is marked, the general reaction slight.

The extraordinary effects produced by tuberculin at once suggested its employment as a diagnostic aid in obscure cases of tuberculosis, and for a short time it was extensively used in this way. As I have already said, it quickly fell into disrepute, being universally regarded as too dangerous an agent to administer to human beings. It was shown that its continued use in a case of tuberculosis led to dissemination of the disease, so that whereas at first, the disease may be limited to the lungs, after a course of tuberculin the patient may die with disseminated lesions in various organs of the body.

Extensive experiments by careful observers have clearly shown that no such risk is to be apprehended from the employment of small doses of tuberculin in limited lesions and in the early stages of the disease. So far no ill result has been met with by those who tried the test in recent years. There is no dissentient voice in this respect. Other objections of a more or less serious character have been raised and these deserve careful consideration.

It is claimed that quiescent lesions may be awakened into activity by the use of tuberculin. This objection is largely theoretical, so far no evidence being adduced to support the assertion.

It has been asserted that distinct reactions have been obtained by the use of tuberculin in perfectly healthy individuals. The evidence in favour of this claim is rather shadowy in character, and the results subject to other interpretations.

It is said that distinctive reaction may be obtained in other morbid conditions, notably old standing cases, syphilis and leprosy. Whatever the meaning of these results may be it does not seriously impair the value of the test.

The claim that persons suffering from well marked tuberculosis occasionally fail to respond to the test, is well founded. As we have already observed, the more advanced the disease the greater the chance there is of failure.

The foregoing considerations show that the test is not an absolutely certain one, but yet of great value and practically free from danger.

In the administration of tuberculin the following points require attention :—

The use of the agent should be strictly confined to cases where other methods fail to confirm a strong suspicion of the existence of tuberculosis. Tuberculin should only be used in non-febrile cases or when the fever is very slight in amount.

The patient should be carefully prepared for the test, and observations of the temperature made for a day or two preceding the trial and quite frequently after the injection.

A thoroughly reliable preparation of tuberculin should be obtained and the necessary dilution made with scrupulous care.

Any form of hypodermic syringe which admits of being easily and effectually sterilized can be employed.

Probably the best locality for making the injection is the site originally recommended by Koch, the skin of the back between the shoulders. The skin about the site of injection should be made sterile by any of the usual methods. With these precautions there is no risk of local mischief.

As to the dose all observers agree that from ½ to 10 milligrammes is sufficient for a test, and without risk.

Koch uses from - - - -	1 to 10	milligrammes.
Sears “ “ - - - -	1 to 5	“
White “ - - - -	10	“
Whittaker uses from - - -	5 to 20	“
Trudeau “ “ - - -	½ to 2	“

In all the trials I have made I have found 5 milligrammes quite sufficient to obtain a definite reaction. If minimum doses are given it may be necessary to repeat the test, which is desirable. Therefore, most observers recommend one trial with a dose of from 5 to 10 milligrammes.

In respect to the time of adminstration the dose may either be administered at an early morning, or a late evening hour. When the dose is administered in the evening the reaction is usually slower in setting in and more prolonged, and perhaps less intense.

What rise of temperature should be regarded as a reaction ? Starting with a normal temperature a sharp rise to 102°5 F. or 104° F., or over, accompanied with malaise, headache, muscular soreness and anorexia, may be regarded as a well defined and characteristic reaction.

My personal experience with the tuberculin test extends over several years, and while not embracing a very large number of cases has been very satisfactory. So far I have only resorted to the test in suspected cases of serous membrane and genito-urinary tuberculosis.

In concluding these brief observations on the use of tuberculin for diagnostic purposes, I desire to draw your attention to the testimony of Prof. Osler to the value of the test. In the last edition of his well known text-book on the Practice of Medicine, in referring to the diagnosis of tuberculosis, he says :

" The recognition of the disease usually rests upon the macroscopical and microscopical appearances of the lesions and the presence of the characteristic bacilli. Of late an important additional diagnostic agent has been introduced in the form of Koch's tuberculin. For many years Trudeau has insisted upon the harmlessness of its use in the diagnosis of obscure cases.

During the past few years it has been employed extensively at the Johns Hopkins Hospital, both on the medical and surgical sides, with the most satisfactory results, and so far as I know without any harmful effects.

In obscure internal lesions, in joint cases, and in suspected tuberculosis of the kidneys, the use of tuberculin gives most valuable information. I may mention for example an instance of Addison's disease in a young, very muscular man without any sign whatever of visceral tuberculosis. The reaction (as, indeed might have been expected) was very characteristic. We have used the tuberculin kindly furnished from the Saranac Laboratory which is made on Koch's original plan. In adults a milligramme is employed, and if this has no reaction a larger dose of two or three milligrammes is employed in two or three days. There is often slight local irritation following the injection, and within from 10 to 12 hours the febrile reaction begins, the temperature rising to from 102° to 104° F."

AUTHOR'S ABSTRACT ON THE PREVENTION AND TREATMENT OF CANCER OF THE UTERUS.*

By A. Lapthorn Smith B. A., M. D., M. R. C. S., England; Fellow of the American and British Gynecological Societies; Professor of Clinical Gynecology, Bishop's University, Montreal; Gynecologist to the Montreal Dispensary; Surgeon-in-chief of the Samaritan Free Hospital for Women; Surgeon to the Western General Hospital.

In the author's opinion cancer of the uterus is not a hereditary disease, because in more than half of his cases the family history was absolutely free from it for three generations back. This may shock those who have been brought up to believe in the tradition of its heredity, just as it did those who believed in the heredity of consumption, when they were told that it was a contagious disease as every one now admits it to be. Cancer of the uterus has been proved by numerous experiments to be a contagious disease. probably due to a microbe which does not flourish on healthy tissues of low vitality, such as cicatrices, or on women whose vitality is below par.

Its prevention. The author has noticed that it is frequent and increasing in countries where little or no attention is paid to laceration of the cervix, while it is becoming quite rare in countries where these lacerations are promptly repaired. The author makes it a practice at his clinics and hospitals to repair every lacerated cervix that comes before him with the result that out of over five thousand cases of which he has a complete history, there are at present less than twenty five with a marked laceration unrepaired. If we believe, as Emmett has conclusively proved, that cancer of the cervix almost always begins in the cicatricial tissue in the angle of the wound, then by removing the cicatricial tissue and repairing the laceration we would put a stop to this dreadful disease. Moreover, if it is contagious, as it must be if due to a microbe, physicians and nurses should take greater precautions to disinfect their hands after touching a cancerous patient. The author knows of three cases of cancer occurring in nurses attending patients who died of cancer and there was no trace of cancer in the family history of any of them. When its contagiousness is fully recognized it may yet be possible to stamp it out by isolation of the patients.

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* Read before the American Medical Association at Columbia, June 6, 1899.

Its Treatment. If the disease were always detected early while still limited to the angle of the tear or to the mucous membrane of the uterus, total extirpation would in most cases be followed by cure. Unfortunately the majority of these women do not consult their family physician during the early stage; while in the cases in which he is consulted in good time he often fails to recognize the disease or else he fails to do the right thing promptly, viz., to send her to a specialist for vaginal hysterectomy. If the hundred thousand physicians of this continent would each make one hundred and fifty mothers understand that irregular hæmorrhages at the change of life are not natural but on the contrary constitute one of the earliest and strongest symptoms of cancer, then vaginal hysterectomy would be performed much earlier and the results would improve in proportion. Provided that the organ is freely movable, even if the disease has invaded the whole of it, vaginal hysterectomy with ligatures gives good results. If less movable, the clamp method is more feasible If firmly fixed and the disease has extended to the broad ligaments, the author prefers to make a thorough curetting and apply pure carbolic acid freely to the cervix. Before closing up the flaps it is well to sear them lightly with the cautery to destroy the microbes. This has in the author's experience prolonged life from two to five years. In all cases care should be taken to disinfect all cut surfaces.

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Clinical Report.

A CASE OF PERICARDITIS WITH A CURIOUS SYMPTOM.*

By Andrew Halliday, M. B., C. M., Shubenacadie ; Lecturer on Biology, Halifax Medical College.

Mr. A. B. came to me Aug. 7, 1897, and gave the following history: On July 20 he first felt severe pain under the shoulder blade, which gradually appeared in front and got worse, with greatest intensity over præcordia. Went to medical men and got medicine which somewhat relieved pain, although it continued most of the afternoon and left some soreness. Applied mustard and pain gradually disappeared next day. After this he had a faint feeling on walking, felt most in epigastrium. Start or shock increased it. This feeling got worse and he went back to physician, Aug. 2nd. Next two days had another attack of pain much like the first.

Physician diagnosed cardialgia. Patient has nervous temperament; did not smoke or drink.

When he came to me Aug. 7th, the following was his condition :

"Patient complains of pain in præcordia and epigastrium ; avoids deep inspiration and sudden movements of the body, which intensify the pain. Has anxious, worried look; pulse variable, temperature 99.5. Area of dullness down right border of sternum across lower border of third rib and down almost in the nipple line and going somewhat backwards. Apex beat in the epigastrium : none in the præcordial region.

The most curious symptom was a loud creaking sound like that of new leather (or movement of a well starched shirt front) not like the ordinary friction ; it accompanied the second cardiac sound, did not disappear on holding the breath, but could be influenced by the position of the patient, being best heard when he sat upright with shoulders thrown back and especially when he lay on the left side. The murmur, if I may call it so, was of double rhythm accompanying the second sound in time. It was *perfectly audible to the patient* and had been since July 31st. It could be heard with perfect distinctness anywhere from *eight to ten feet from the patient.* Dr. Murray and I had him undress and measured the distance, so that I am positive on the point. It could be heard three or four feet from him with clothes on.

There was no endocardial murmur, but a soft ventricular systolic has developed since.

Our diagnosis was pericarditis, but what physical conditions produced such a sound as that described ?

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* Read at N. S. Branch British Medical Association, Feb. 8th, 1899.

Selected Article.

AN UNUSUAL CASE.

By M. R. Adams, M. D., Statesville, N. C.

In submitting the following report of a case that recently came under my obervation it is not inappropriate to remark that the singularity of the case and the absence of any parallel recorded in any of the medical authorities which I have had an opportunity to consult, suggests the skepticism with which it may be received by the fraternity. I therefore desire to preface this brief report by stating that three well known physicians of this community will substantiate the facts herein set forth in regard to this case. I am especially indebted to Dr. W. J. Hill, who very kindly gave me his notes in the case. Eliza C., a bright mulatto, aged forty-seven, married, mother of five children, has uniformly enjoyed good health. Sometime during the winter of 1891-'92 she ceased to menstruate, the exact date could not be ascertained. As there was a gradual and progressive enlargement of the abdomen together with other symptoms that usually accompany pregnancy, she very naturally thought she was pregnant, and later on when the movement of the child was distinctly felt, her surmises were confirmed. The case progressed favorably without any special event up to the following August, when symptoms of labor set in and a *midwife* was sent for. After having the usual prodromal symptoms of labor for ten or twelve hours, and not being satisfied with her progress her husband sent for the family physician, Dr. E. A. Hall, on August 17th, 1892, and after making a careful examination, general and vaginal, he decided she was not in active labor, but was satisfied that the symptoms would induce labor at an early hour and left her in charge of midwife, this being satisfactory to all parties concerned. Nothing more was heard from the case until the following October 7th, when again the family physician was called in, and to his surprise found patient with all the objective signs of advanced pregnancy and apparently in labor, with all the prodromal symptoms present, as found on his first visit, August 17th, but on vaginal examination no softening or dilatation of the os uteri was found.

On account of the peculiar features of the case, a consultation was suggested and held after which no active measures were taken. The patient being in general good health was advised to wait further developments. About, or a short time after this date, at irregular intervals, probably every month or six weeks, there was a decided flow from the womb simulating the menstrual flow, in fact she regarded in as such. Patient continued to improve and got so much better that she was able to resume her domestic duties, and felt as well as ever, in fact her friends regarded her as being fully restored to health. There was no material change in patient's condition until November 7th, 1898, when a fever of a continued type developed, and later on she became very much emaciated, with marked anorexia, persistent nausea and vomiting, diarrhœa, the loss of weight from 160 pounds to a mere skeleton, pulse much accelerated, 100 to 120, with a temperature usual in septic troubles. The urine was free from albumen. As there was no improvement whatever in the case, Dr. W. J. Hill was called in consultation on Jan. 20th, 1899, and after ascertaining the above history, determined on an operation, believing there was a condition that could not be relieved in any other way, and selected the following method of procedure. The patient being given the best possible preparation for the operation, January 24th, 1899, was decided upon as the date for same.

Doctors W. J. and M. W. Hill, E. A. Hall and the writer being present. After a consultation the line of procedure was fully endorsed. After the usual antiseptic precautions in preparing the field of operation with green soap solution, bichloride of mercury and alcohol and the use of Arnold's Sterilizer in the preparation of instruments, the patient was placed on operating table.

After thoroughly anæsthetizing with chloroform and ether an incision was made in median line from an inch above umbilicus to within 1½ inches of pubic bone down to the peritoneum, when extensive adhesions were encountered. Then an incision was made through peritoneum into abdominal cavity, a rubber sheet having been prepared to protect the abdominal contents from general infection. The adhesions were then carefully broken up from around the uterus. The incision was carried four inches in a vertical line into the cavity of the uterus. Here we found and removed the osseous framework of a child fully developed, though entirely disarticulated, which was surrounded by a green, gangrenous, offensive fluid in quantity one quart or more. After the contents of the womb were removed, it was irrigated with a mild bichloride of mercury solution.

The womb at this stage of the operation presented the appearance of what had been my conception of the womb in performing its function in normal labor. The interior of the womb presented an abnormal appearance. As expeditiously as possible the womb was sutured with silk-worm gut, drainage being maintained through the os uteri below. The peritoneal cavity being carefully washed out with a hot normal saline solution, the abdominal incision was then closed and treated in the usual aseptic manner. The patient passed through the operation without any marked event.

It might be well to state, however, at this point that patient lived thirty hours after operation. The operation was completed within an hour. This case is not reported on account of any peculiar surgical features that it may possess, but merely on account of the singularity of the case as was remarked in the beginning. The extraordinary fact of a child remaining in its mother's womb for the long period intervening from the time the child is believed to have reached maturity August 17th, 1892, to date of operation January 24th, 1899. Approximately six years and five months without the mother who was a domestic, laboring woman, having scarcely lost a day from her usual work until about two months prior to operation. From the standpoint of the general practitioner this is an interesting case as to its relative merits in the management of labor and the puerperal condition generally. —*North Carolina Medical Journal.*

Correspondence.

LETTER FROM BERLIN AND VIENNA.

By Edward Farrell, M. D.

Vienna, June 5th, 1899.

The Dominion Government having been invited by the German Government to send a representative to a Congress at Berlin to discuss and study the subject of Tuberculosis, the Government did me the honor to ask me to be their representative at the Congress, and it has occurred to me that your readers might be interested to hear an account of a medical trip which included a visit to some of the large hospitals of Berlin and Vienna and also to a sanatorium for the treatment of tuberculosis by the modern "open air" method.

In company with Dr. Kirkpatrick, I left New York May 10th, on the steamer "Teutonic." We had a pleasant voyage across the Atlantic, reached Berlin the day before the opening of the Congress and met there the first fine weather we had since our arrival on this side of the water; rain and fog being plentiful during our two days stay in London.

The Congress was esentially German in character, the foreign delegates being guests of the German Government invited to take part in the proceedings, so that all the papers which were read (and there was only time for a small number of those that were submitted) were by the more prominent medical men of Germany. It was a real treat and worth coming all the way to Berlin to see and hear such men as Virchow, Franckell, Pfeiffer, Flugge and Loffler, names that are so familiar to us in the modern literature of medicine, and which are so intimately associated with the progress medical science has made through their original work in the departments of pathology and bacteriology.

The Congress was held in the hall of the Reichstag, the parliament building of the German Empire. The building is quite new having been finished only five years ago. It is a grand structure and quite in keeping with the imperial ideas of the present Emperor.

It was of especial interest to me when Virchow ascended the tribune —to speak from the tribune of the Reichstag was not new to him, for not only does he occupy the highest position in his profession in Germany but he is a distinguished parliamentarian as well, having been for some years a prominent member of the Reichstag. I was most anxious to see and hear him as I can well remember over thirty years ago, as students, how our investigations in pathology were disturbed by the publication of his great work on "Cellular Pathology" which marked an epoch in the history of that subject.

Of all the speakers, Franckell was by far the most forceful and effective. He is a rapid speaker and impresses his hearers as a man who knows his subject well and can handle it vigorously. He seemed quite a young man.

The Congress lasted three days but only part of each day was devoted to work. The subject was considered under three heads:—etiology, prophylaxis and treatment, one day being given to each part. On the day set apart for treatment an excursion was made to one of the largest sanatoria for the "open air treatment" of tuberculosis at Grabowsee, about an hour's ride by rail from Berlin.

There were a large number of foreign delegates present. Great Britain was represented by Rt. Hon. Sir Herbert Maxwell and Dr. Pye-Smith on behalf of the British Government, and by Sir Grainger Stewart of Edinburgh, Malcom Morris and Dr. Hillier of London, Dr. Cockburn of Australia and Mr. Reeves of New Zealand. On meeting the British delegates, when Sir Grainger Stewart heard that your correspondent was from Halifax, he asked most earnestly and kindly for his "dear old friend" Dr. Parker.

The work done at the Congress, while it brought out nothing new to the professional man, will have the effect of calling public attention to the subject of tuberculosis and of making a point from which a fresh start can be made in the campaign against this most destructive disease.

Within the past four months as most of your readers have seen in the columns of the *British Medical Journal*, a National Society for the prevention of tuberculosis has been started in England. It is beginning to attract public attention and will soon result in effective work being done. I could not help feeling a sense of pleasure in the fact that Halifax and Nova Scotia were not behindhand in this matter. Indeed I think our movement in Halifax was probably the first in Canada. It was done last winter by a series of resolutions submitted to the Nova Scotia Branch of the British Medical Association by Dr. Murray on behalf of a committee, in which the attention of the Government and the people was called to the importance of dealing with tuberculosis by modern methods both of prevention and cure.

The Congress had its social as well as its scientific side. Her Majesty the Kaiserin was graciously pleased to open the first day's proceedings. The entertainments were on a very elaborate scale and everything was done to add to the enjoyment of the visitors; the garden party of Prince Hohenlohe being the most pleasant and enjoyable. A beautiful day with the gentle warmth of spring in the air, the pretty grounds, the presence of the ladies in their summer costumes, together with the strains of beautiful music made you forget for a time the cares of life and the intricacies of scientific research and induced one to rest satisfied in the enjoyment of a poetic hour. Rhein wien and beir were very much in evidence but neither are so pleasant to take, that we were tempted from our ordinary beverage which reasonable temperance principles had taught us to value at home. A large proportion of the people of Berlin seem to live on beer, wine and cigars, garnished with music and military uniforms, and yet though the cafés are always crowded it is a most uncommon thing to meet a drunken man.

The hospitals in Berlin or Vienna do not strike you at first sight in appearance, neither externally or in internal arrangements as the homes of asepticism. The buildings are old and have a dingy look while they are often crowded for air-space about them. The small amount of wood used in their construction has much to do I think with the good results they obtain and the absence of lurking infection. The operating-rooms however, have all been modernized and are constructed both in their walls and furniture of stone, iron and glass.

The antiseptic methods differ in no way from those we are used to at home; just the simple but necessarily thorough details with which we are all so familiar, one finds carried out in all well ordered hospitals. Most operators depend upon producing a condition of asepsis before the operation begins, and avoiding the use of antiseptics to the cut tissues. Dry wads of gauze are used exclusively to clean the wound during the operation. Sponges are discarded.

In the Berlin hospitals ether and chloroform were both used, but ether most often, while in Vienna chloroform seemed to be the favorite anæsthetic. In Berlin morphia was always given before the anæsthetic. The principal hospitals are the Klinic and Charité; there we found Von Bergmann and Konig. Operations are performed very frequently. Von Bergmann is a more rapid operator than Konig who is more deliberate and careful, but neither seemed to operate as rapidly as surgeons on our own side of the water. A skin clinic by Lesser was also found interesting. The superabundance of clinical material in all departments gives the teachers here many advantages in illustrating their subject.

In Vienna we confined our attention solely to the large general hospital, the Allgemeines Krankenhaus. Profs. Gussenbauer and Albert are the surgeons now operating. The operations were not extraordinary, the most important being a large sarcoma of the chest wall and pleura, excision of the knee, Bassini's operation and a tumor of the abdominal wall. This hospital is one of the largest and oldest in Vienna and is particularly noted for its work in special branches, so that our friend Dr. Kirkpatrick was able to follow the practice of some of the leading men in his specialty; Politzer, Fuchs, Hajek and Chiari having daily operative clinics. Indeed most of the work followed by foreign students in Vienna is in the special departments of the eye, ear, nose and throat. There were seven cataract extractions in one day by Fuchs while we were here.

We are indebted so much to the careful research and original work of the medical scientists of Europe for the vast strides we have made in our profession in the past few years, that you come here prepared to do homage to these great men who have done so much for humanity and one should certainly do so, for the work begun by Pasteur and continued by others, in bacteriology especially, laid the foundation upon which we build the improved practice of to-day. In the sciences of pathology and bacteriology they have excelled and do certainly still retain a first place. They are philosophers patiently and laboriously investigating the causes and progress of disease, but in the practical application of the truths they discover, in clinical work, in medicine, surgery or therapeutics as an art, I have seen nothing which impressed me very much. In the matter of carrying out the details of an antiseptic technique, they did not seem to exercise the same care which we recognize as necessary, though they claim excellent results.

I ventured to express the general opinion that the practical work on our side of the water would compare favorably with what I had seen in Europe, to some American and Canadian medical men who had spent many months in the clinics in their medical centres, and to my surprise they stated that they believed it would not only compare favorably, but it was much better.

In this connection I should mention a most complimentary reference to Osler whom we at home delight to honor as a distinguished Canadian, made to me by a very prominent medical teacher of London. He said "I look upon him as the best physician in the world to-day. He has the widest knowledge of medical literature, he has been a pioneer in many branches of original work, one of the best of our medical authors and a practitioner as well. You will find," he said "other great men here and there who are perfect in their little bits, but Osler seems to lead in all and as I said in the beginning he stands at the head of the profession of the world to-day."

We leave here to-day and hope to spend a few weeks in London before returning home.

THE
MARITIME MEDICAL NEWS.

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Editorial.

BACTERIOLOGIST FOR NEW BRUNSWICK.

Our sister province has at last brought an important question to a termination by appointing a provincial bacteriologist. Dr. G. A. B. Addy, of St. John, has received the position and it is needless to state that a better choice could not have been made.

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MEDICAL SOCIETY OF NOVA SCOTIA.

We wish to remind our readers once more of the approaching meeting to be held at Truro on the 5th and 6th of July. The Society will be honored with the presence of Dr. T. G. Roddick, M. P, Professor of Surgery at McGill. Not only is Dr. Roddick known as one of Canada's foremost surgeons, but his indefatigable labor towards securing interprovincial registration and thus bringing the profession of the Dominion into harmonious union, is well known to every practitioner. The discussion in Surgery, the subject of which has not yet been announced, will be opened by Dr. Roddick.

Among the papers to be read are the following :—

President's address—" Does our Educational System tend to produce the Highest Type of Manhood in the Youth of the Country," by John McMillan, M. D., Pictou.

" Grave's Disease," by R. Cox, M. D., Upper Stewiacke.

" Internal Secretion," by W. H. Hattie, M. D., Halifax.

" Aphasia following Uræmic Convulsions," by J. G. McDougall, M.D., Amherst.

"A Case of Congenital Hernia," by D. A. Murray, M. D., River John.

The discussion in Medicine—"Dyspepsia Acute and Chronic," will be opened by Dr. M. A. B. Smith, of Dartmouth.

A copy of the complete programme will be received by every practitioner in the province, the discussions and papers already referred to being those first forwarded to the Secretary. There should be a big representation from Halifax, as Truro can be reached by several trains daily. It is to be hoped a large gathering will assemble at the coming meeting where all will hear many things for their mutual advantage and be received with cordiality by their brother practitioners in Colchester County.

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MARITIME MEDICAL ASSOCIATION

The meeting of the Maritime Medical Association at Charlottetown, July 12th. and 13th. promises to be one of more than usual interest. Several distinguished surgeons and physicians from New York, Boston and Montreal have signified their intention of being present, and taking part in the proceedings.

We might mention the names of Dr. Robt. L. Morris of New York, who will read a paper on "Peritoneal Adhesions"; Dr. John Homans of Boston, who will discuss this and other allied subjects; Dr. Geo. Armstrong of Montreal, who will give a paper on "Surgery of the Stomach;" Dr. Elder of Montreal, who will speak on "Diseases of Gall Passages, and their Surgical Treatment"; Dr. W. F. Hamilton, also of Montreal, who will contribute a paper on "Enteroptosis, and its Relation to Disease;" these medical and surgical subjects all relating to the abdominal viscera should prove very attractive.

Dr. James Bell, Professor of Clinical Surgery, McGill University, will give an address on some Surgical Subject, and Dr. H. D. Hamilton of Montreal, who always favors the association with something of interest will read a paper on "Papillomata of the Larynx." Such an array of distinguished visitors and a programme so interesting should guarantee a most successful meeting. Of course the members of the association will have other papers and addresses of equal importance. All who can make it at all convenient should attend this meeting, and enjoy a day or two in the "Garden of the Gulf."

MEMORIAL TO THE GOVERNMENT CONCERNING THE CARE OF THE CONSUMPTIVE POOR.

At the meeting of the Nova Scotia Branch of the British Medical Association held on April 5th, Dr. C. D. Murray introduced the following resolution :

"That the Nova Scotia Branch of the British Medical Association appoint a committee to draw up a memorial for presentation to the Government of Nova Scotia, drawing their attention to the inadequacy of the provision for tubercular disease in the province and the danger to other patients arising from the admission to the Victoria General Hospital of persons suffering from pulmonary tuberculosis. And to urge upon the government the advisability of the early provision of such accommodation and other means as may be necessary for the proper care and treatment of those suffering from pulmonary tuberculosis.

That the committee further prepare for submission to the government a scheme for the proper care and treatment of those suffering from pulmonary tuberculosis."

Dr. Murray in moving the resolution clearly pointed out the desirability of some action being taken.

A committee of seven was appointed, consisting of the President (Dr. Chisholm) and Drs. Murray, Trenaman, Farrell, M. A. B. Smith Jones and D. A. Campbell, to consider the question and take such action as they deemed advisable and report at next meeting.

At the following meeting held on April 20th, Dr. C. D. Murray read the memorial which the committee had prepared as follows :—

To the Honorable Executive Council of the Province of Nova Scotia,—

GENTLEMEN :—The Nova Scotia Branch of the British Medical Association desire respectfully to call the attention of the Government of Nova Scotia to the following :—

(1.) The inadequacy of the provision at present existing for the proper care and treatment of the consumptive poor of the province. The government by the regulations of the Victoria General Hospital provides that there shall be admitted to that institution any poor person suffering from disease capable of cure and suitable for hospital treatment, thereby assuming responsibility for the treatment among others of those suffering from consumption (otherwise called pulmonary tuberculosis), as that disease has in recent times been shown to be in very many cases capable of cure by proper care and treatment.

All medical authorities are agreed that the best and most successful treatment of such cases cannot be carried out in the general wards of a general hospital such as those in which these patients are at present accommodated.

The large number of applicants and the limited capacity of the Hospital render it impossible to retain in that institution for a sufficiently long period, even those who show improvement under the necessarily imperfect system of care and treatment at present practised there and consequently they come far short of receiving such benefit as modern medical research and experience would, under more favorable circumstances, be capable of affording them.

(2.) The danger to other patients in the Victoria General Hospital arising from the presence in the general wards of those suffering from consumption.

This disease is now universally admitted to arise through infection by a specific germ or bacillus which is capable of easy demonstration. These germs, whose principal seat is in the lungs, are discharged by millions in the sputum of consumptive patients. This sputum when dried forms a dust which by inhalation may easily infect with the disease anyone suffering from other lung disorders or in a condition of convalescence or even lowered vitality from any cause. Such cases have occurred within the knowledge of some members of the association who desire to bring the circumstances most emphatically under the notice of the government.

(3.) The necessity which exists for the provision within the province of a sanatorium or other hospital for the reception, care and proper treatment of such poor as may be suffering from pulmonary tuberculosis in a stage of the disease at which it may be considered in the light of modern experience curable.

At least one-tenth of our population die of consumption, and one-third of all autopsies show evidence that at one time or other the subject suffered from consumption, pointing out the fact that many cases are cured—the disease often not having been discovered during life.

Many of those dying from the disease are highly trained professional or business men and skilled mechanics, a distinct economic loss to the province. Many are breadwinners whose dependents become chargeable to the province, a distinct economic burden. The result of modern methods as practiced in sanatoriam and special hospitals for consumptives show a large proportion of cures in early cases as high as 25 and 50 per cent., while even in very advanced cases of the disease life can be greatly prolonged and suffering alleviated. The matter there becomes one of economic as well as social urgency.

(4.) The association would respectfully submit the following schemes bywhich the necessary provision could be made. Should the Government desire detailed imformation with regard to the advantages or disadvantages of the respective plans, the association would be glad to appoint a committee to lay before them such information as they possess.

Scheme 1.—The provision of two wards in the Victoria General General Hospital capable of accommodating ten or more patients each, with suitable appliances for treating and ventilation and the building of suitable verandahs and shelters on the grounds.

Scheme 2.—The building in the grounds of the Victoria General Hospital of two cottages capable of accommodating ten patients each. The buildings to be structurally adapted to the modern treatment of consumption. These two schemes would necessitate no changes in the administration of the institution-management, medical treatment, drugs, nursing, food, and laundry being supplied in connection with the V. G. Hospital.

Scheme 3.—The building of a sanatorium or cottage in the vicinity of the Park and Young Ave., where the proximity to the Park and the sheltered situation would be of immense advantage. This scheme would entail, in some degree, separate administration.

Scheme 4.—The building, equipping and supporting of a modern sanatorium in some more remote part of the province where local conditions might be peculiarly desirable. This scheme would entail the provision of separate administration and special arrangements for medical direction.

Scheme 5.—That the Government pay for the board and treatment at any suitable sanatorium within the province of twenty or more poor consumptives. This scheme would enable private individuals to raise capital to build and equip a sanatorium to which paying patients might also be admitted."

A committee consisting of Drs. Chisholm, Murray, Farrell, Jones and Trenaman were appointed to present the whole matter to the government and urge the points contained in the memorial.

It is quite unnecessary for us to dilate on this exceedingly important question, which should appeal to the profession throughout the province and give their hearty co-operation in furthering the movement so fully explained.

Owing to the recent absence of some members of the government, and just now that of the Premier, the presentation of the memorial has been postponed until Mr. Murray's return.

Society Meetings.

ST. JOHN MEDICAL SOCIETY.

Dr. G. A. B. Addy, President, in the chair.

April 5th.—A case of cleft palate was exhibited by Dr. J. R. McIntosh. The subject was a man aged 20. The inferior turbinate bones which were greatly hypertrophied and polypoid were demonstrated by the rhinoscope. The cleft was limited to the soft palate. Dr. McIntosh pointed out the importance of recognizing hypertrophied turbinates and of their treatment, as non-union following operation may result from the presence of this condition.

Dr. Melvin gave the notes of a case of malingery. A young girl aged 15. Complained of oozing of a red fluid from the index finger; later the hand and forearm became discoloured and were said to be similarly affected with the oozing. An examination of the cotton wrapping that had been worn was very suggestive of some staining having been applied after the dressings were in place.

Dr. Ellis read a note on the Pictou cattle disease.

The President exhibited a specimen of tubercle bacilli from the urine of a patient who had tubercular disease of the bladder.

April 12.—Dr. McAlpine read a paper on "Some Obstetrical Experience" and reported cases of, (a.) Central placenta prævia. (b.) Precipitate labour. (c.) Post-partum hæmorrhage. In the last case the application of vinegar on absorbent cotton to the interior of the uterus was effective when external and internal manipulation failed. (d.) Breech presentation, (e.) Puerpural septicæmia.

The subject of the Victorian order of nurses was again brought up for discussion and finally a resolution was passed (not unanimously) approving of the order.

April 19.—Pathological specimens.

The President exhibited a portion of the jaw of an ox affected with actinomycosis. The fungus, however, had not been found.

It was decided that the government be again interviewed and urged to appoint a bacteriologist. Such an appointment was considered to be most necessary.

April 26.—Dr. McIntosh showed a man suffering from a gumma in the ciliary region of the left eye, accompanied with iritis. There was both a rheumatic and syphilitic history. About two weeks ago there was itchiness and slight pain of the eye. Later a perforating swelling appeared through the sclerotic about one-eighth of an inch in size and pigmented. Since then it had increased in size.

"Notes on Midwifery Cases" was read by Dr. Scammell, in which special reference was made to the separation of the recti muscles and perforation of the head.

May 3rd.—Sloughing after the injection of cocaine. Dr. Scammell showed a young girl who had a tooth extracted eight days ago. Cocaine had been injected at the time of extraction. On the day following there was a good deal of pain and finally a large slough came away and exposed an area of necrosed bone.

Dr. McIntosh reported that the case exhibited by him at the previous meeting was showing marked improvement under the administration of iodide of potash and calomel.

Two cases were reported by Dr. Hetherington. (a.) A man aged seventy-two suffering from chronic mania, had a carbuncle four by seven inches in size below the angle of the right scapula. The carbuncle was successfully treated by poultice and later listerine dressings. (b.) Tape worm. For this, three drachms of turpentine in a solution of starch was given, followed by castor oil. Dr. Hetherington had found this method successful in several cases.

Dr. James Christie and Dr. Burnett discussed the use of turpentine in this condition and referred to cases where dangerous symptoms arose from the administration of large doses, such as one ounce. Dr. Burnett referred to one case which had proved fatal from the giving of two ounces of turpentine.

Dr. W. W. White was congratulated by the society upon his election as a non-resident representative of McGill University for the Maritime Provinces and Newfoundland.

May 10.—Dr. Scammell, Vice-President, in the chair.

A report of a case of upward dislocation of the acromial end of the clavicle in a young man, was read by Dr. James Christie. The anatomy of the joint, the rarity of the injury and the treatment were discussed. Holmes was quoted to the effect that this dislocation frequently does well even with some little deformity persisting.

May 17.—Dr. G. A. B. Addy, President, in the chair.

The evening was devoted to a discussion of a report of a committee recommending various changes in the constitution of the Society. The more important recommendations were the appointment of a Curator of Museum. This was with the view of founding a museum in connection with the society, and the extension of the summer vacation to four months, the meetings to begin on the first Wednesday of October and end the last Wednesday of May. The report was referred to the annual meeting for final adoption.

May 31.—Dr. Scammell, Vice-President in the chair.

The society placed itself on record as being opposed to the practice of parents and guardians permitting children's eyes to be treated by opticians and spectacle vendors.

Dr. McIntosh exhibited a case referred to on April 26th and May 3rd. The eye was greatly improved and vision was returning under antisyphilitic treatment.

Dr. Ellis exhibited specimens of tubercle bacilli and smegma bacilli.

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Annual Meeting.—June 7.—Dr. G. A. B. Addy, President in the chair.

Pathological specimens.

A tubercular testicle was exhibited by Dr. T. D. Walker, and a mammary cyst by Dr. Murray MacLaren.

The revised constitution was adopted.

The report of the secretary stated thot there had been 39 meetings during the year, that two new members had been elected and that the average attendance at the meetings was 12 6.

The number of papers read were 17, report of cases 21, numerous pathological specimens, clinical cases and instruments were exhibited and there had also been several discussions and important reports. The following officers were elected for the year 1899-1900.

President.—Dr. J. W. Scammell.
Vice-President —Dr. J. R. McIntosh.
Secretary.—Dr. W. L. Ellis.
Treasurer.—Dr. Jas. Christie.
Librarian.—Dr. G. G. Melvin.
Curator of Museum.—Dr. J. W. Daniel.

The following were appointed Room Committee: Drs. T. D. Walker and S. Skinner. After the adjournment of the last meeting of a very successful year the members were entertained by the incoming President.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

April 5.—Dr. Murdoch Chisholm, President, in the chair.

Dr. Kirkpatrick gave an account of a case of syphilitic ulceration of the larynx in a young woman aged twenty, and then exhibited a case of conical cornea, and also one of exophthalmic goitre.

Dr. Kirkpatrick, on being asked the pathology of conical cornea, replied that it was due to thinning of the cornea. It generally began at the age of sixteen, its frequency was the same in both sexes. The condition was generally not amenable to glasses or operation; cauterizing the centre of the cornea or iridectomy on the inner side was sometimes resorted to. It was a rare condition.

Dr. Walsh asked if Dr. Kirkpatrick was satisfied with thymus treatment. He had used it in one case which had been exhibited to the branch and considered he had done good.

Dr. Goodwin spoke of the conditions he had seen in a post-mortem on a case of exophthalmic goitre. The orbits were packed with fat, also fat on valves of the heart, and the thymus was persistent. Treatment in London often consisted of digitalis and belladonna. Dr. Hector McKenzie had used thymus gland in twenty cases with the conclusion that it did no good. Dr. de Haviland Hall always considered it a "grave" disease and held the prognosis to be generally bad.

Dr. Ross spoke of the phosphate of soda treatment. He had seen two cases under Dr. Byron Bramwell's care which improved greatly by this remedy alone.

Dr. D. A. Campbell said the results of treatment were generally not good. He got the best results from the use of digitatis. He used glycero-phosphates in conjunction with it. He thought thymus aggravated the condition and thyroid also he found no good. Surgical ligature of the thyroids or removing a portion and also section of cervical sympathetic were also referred to.

Dr. Lowerison in referring to the case of conical cornea, said the condition was that of an exaggerated myopia. A concave glass would be expected to do good, but strange to say a + 5, 6, or 7 sometimes gives good vision.

Dr. M. A. B. Smith, then read a paper on "New Remedies." The first drug referred to was "Methylene Blue." It belongs to the coal tar series. There is another drug allied to it—pyoktanin, which is intended for external use. Methylene blue imparts a dark blue tint to the urine which action sometimes lasts four days after it is discontinued. The cornea, saliva, fæces also may become bluish but not the epidermis or mucosa. It stains the tongue and lips unless given in cachets. It was first used as an analgesic in 1890. In 1891 Ehlich of Berlin, finding that methylene blue was the best stain for malarial organisims, conceived the idea that the drug might be useful in destroying the plasmodium malariæ, and it has since been found equal to quinine in the treatment of this disease. Its use in specific urethritis as advocated by Dr. Horwitz of Philadelphia, was then referred to. Dr. Horwitz considers it of great value in acute urethritis due to the presence of gonococcus. It does not abort the disease but lessens its duration and tendency to complications. The dose prescribed is one grain three times a day increased to two grains if the remedy can be borne. It may be combined in capsules with santal oil and copaiba. Methylene blue has also been used as an anodyne in all neurotic conditions and in rheumatic affections of the muscles, resembling in its action antipyrin. In Bright's disease, both acute and chronic, it has been used and is said to greatly increase the flow of urine. Some writers speak favorably of the remedy in nephritis of a hæmorrhagic type. In doses of two grains three times a day it is claimed the blood disappears from the urine, the albumen greatly diminishes and the patient's general condition much improved. On account of its antiseptic action and its influence on digestion, it has been favorably spoken of in cancer of the stomach.

In a report quoted in the *Lancet*, the treatment of 275 cases of malarial fever by this drug is mentioned. In these cases ten to twelve grains were given to adults; eight grains to younger patients; six grains to children, and one to two grains to infants. These large doses may be required in malarial fever, although the ordinary dose is not over two grains for an adult. It is well to warn the patient that it will turn the urine green or blue in a short time.

Pyoktanin (pus-killer) is the name given to a group of substances which have been found advantageous as germicides. The name has been restricted to the leading member of the group. There seems to be some confusion between this and methylene blue. There is pyoktanin blue and pyoktanin yellow. The name pyoktanin is applied to remedies similar in some respects to methylene blue but used only for local applications. Pyoktanin blue is used in surgery, in ophthalmic practice, in gonorrhœa, leucorrhœa, varicose ulcers, burns, wounds, etc. It is used pure or 1—100 to 1—1000. It has the disadvantage of staining the tissues blue, but the stain may be removed by soap; rubbing well and then washing with alcohol. Pyoktanin yellow is intended for use in eye and skin diseases when the color produced by the blue would be objectionable. It is soluble in water and considerably weaker than the blue pyoktanin.

Dr. Smith then referred to "Taka-Diastase." The statement has recently been made in one of our leading journals that "it is probable that in a very high percentage of cases described as dyspeptics, the starch conversion is mainly at fault, and consequently the case shows no improvement under pepsin treatment." If this be true, then there is not enough attention paid to the means at our disposal for the artificial digestion of the starchy elements of our food. The symptoms of this form of indigestion were then referred to. Constipation, or less frequently diarrhœa, which may be fermentative; if there is diarrhœa it alternates with constipation; flatulence two or three hours after meals. As to how much of this is due to proteïd indigestion the presence of indican in the urine and the occurrence of sulphuretted hydrogen rather than the marsh gas series of carbohydrate origin will give some indication. Heaviness, tenderness and abdominal discomfort. Flatulence is more marked if of starchy origin, more fullness, tenderness, change in percussion note. Ptomaines are as injurious as the ptomaines from nitrogenous food. Lassitude, habitual malaise, general debility, insomnia, heart symptoms, headache and muddy complexion.

Starch ferments may be divided into two kinds, according to their source.

(1.) Those prepared from glands (ptyalin from salivary and amylopsin from pancreas.)

(2.) Vegetable or diastatic.

The preparations of the first group are too difficult to obtain and are unstable, so we come to the vegetable. Of these there are malt extract and taka-diastase. The latter, as is well known, was discovered by a Japanese chemist—Takamine. It is prepared by boiling ordinary wheat, and after cooling mixing it with a Japanese fungus. From recent experiments by Wingreve, of London, it seems that of the commercial starch or diastatic ferments, the most powerful and the most reliable is taka-diastase. An invesgation of Professors Stone and Wright demonstrated the superiority and peculiar excellence of taka-diastase, both on account of its therapeutic effect and the rapidity of its action.

Dr. Goodwin then read a paper on "New Remedies" in which he referred to the most important recent changes in the British Pharmacopœia. He also gave an account of some new remedies including formalin, glutol, urotropin, the new silver compounds, etc. Camphoric acid for the night sweats of phthisis was spoken of; also glycerophosphoric acid as a nerve tonic, osmic acid for neuralgia, picric acid for burns, permanganate of lime as a powerful disenfectant; Unna's paste for leg ulcers, and spermin as a nervine.

A short discussion followed the reading of the papers.

April 20.—Dr. E. A. Kirkpatrick, Vice-President, in the chair.

Surgeon-General O'Dwyer, was elected as representative on the General Council and also on the Parliamentary Bills Committee.

Dr. Farrell then gave an account of a case in which he had trephined for traumatic epilepsy. Three operations had been performed at different times. After Dr. Farrell operated the first time, patient remained free from seizures for fifteen months. At that time he introduced a silver plate to prevent the skin from adhering to the dura mater. About six weeks ago—which is some six years after Dr. Farrell operated on him—an abscess formed around the plate and this day he operated and took the plate away. Granulations had formed underneath the plate. He now proposed to put in a bar in place of the plate and fasten it to the bone on each side. Was considering how he could fasten the bar to the bone.

Dr. Murphy thought ivory pegs would be the best to fasten with. If the case were his, however, he would try putting in a piece of calcined bone to fit the opening exactly. He had heard of an egg-shell being used.

Dr. Murphy then gave an account of a case in which he performed circumcision for phimosis. Cocaine was used as an anæsthetic and bichloride of mercury as an antiseptic. In twenty-four hours gangrene was present in spots. The strength of cocaine used was 4 or 5 per cent. Schleich's method would be better.

Dr. Lowerison said that many authorities thought bichloride and cocaine were incompatible and dangerous when used together.

Dr. Murray related a case of a man who had circumcised himself, bathed the parts with crude carbolic acid and tied a cord around the penis to stop hæmorrhage. The corona became gangrenous to a slight depth.

Dr. MacLaren preferred Schleich's method. The solution can be boiled. He had seen bad effects from strong solutions of cocaine.

Dr. Murray MacLaren, of St. John, being specially invited to read a paper before the branch, was then called upon. He first read the history of a most interesting case, entitled " Report of a case of Extraction of Ligatures from Bladder following Operation for Removal of Pyosalpinx, with Cystoscopic Illustration," and afterwards a second paper on " Posterior Displacements of the Uterus." (We hope to publish these papers in a subsequent issue of the NEWS.)

A vote of thanks was passed unanimously to Dr. MacLaren for his valuable papers.

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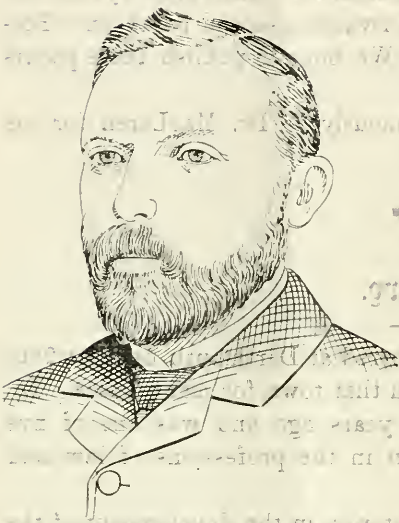
Obituary.

Dr. W. H. WEEKS.—The death occurred at Dartmouth on May 25th of Dr. W. H. Weeks, who practised in that town for many years. Dr. Weeks was born in Sydney sixty-two years ago and was one of five brothers, all of whom gained distinction in the professions of law and medicine.

Dr. Weeks always took an active interest in the development of the mines of the province and few men were better versed in mineralogy than he. He was a public spirited citizen of Dartmouth and held the office of Mayor for three terms, 1876 to 1879.

Dr. S. M. Weeks, of Brooklyn, Hants Co. and Dr. Chas. Weeks, of Rose Blanche, Newfoundland, are brothers. The mother of the deceased is hale and hearty at the advanced age of ninety-seven years.

Matters Personal and Impersonal.


DR. PETER A. MACINTYRE,
Lieut.-Governor of P. E. Island.

Dr. Peter A. MacIntyre, of Souris, P. E. I., has received the appointment of Lieut. Governor of the Province of Prince Edward Island in succession to Hon. Geo. W. Howlan.

Dr. MacIntyre was born at Peterville, P. E. I., in 1840 and was educated at St. Dunstan's College, the Quebec Seminary and Laval University, and received his degree in medicine from McGill University in 1867. We heartily congratulate Dr. MacIntyre on his elevation to the highest position which is attainable in any province of the Dominion.

Dr. Murray MacLaren of St. John has left for Europe and will be away about two months. Most of his time will be spent at Berlin and it is also his intention to attend the meeting of the British Medical Association which will be held at Portsmouth early in August.

Dr. W. W. White, of St. John, has the honor of being elected non-resident representative of McGill University for the Maritime Provinces and Newfoundland.

The usual number of June weddings have taken place and the medical profession has been well represented. On the 1st inst., Dr. A. I. Mader of this city, and Miss Eva Waddell daughter of Mr. W. H. Waddell of this city were married at Fort Massey church by Rev. Dr. Morrison, assisted by Rev. A. C. Chute. The bride has been favorably known as a worker in many good causes and also as an elocutionist of more than ordinary ability.

At St. John's Church, Lunenburg, on the 7th inst., Dr. Henry K. McDonald and Miss Bessie King were united in the holy bonds of matrimony. A large gathering was present to see the happy event, both bride and groom being very popular in the shire town of Lunenburg.

St. Mary's cathedral was the scene of a happy event on the morning of the 14th inst. when Dr. William D. Finn led Miss Alice M. Downey to the altar. The bride was well known as one of the most efficient teachers in the town of Dartmouth while the groom is the energetic medical examiner for this city.

The marriage of Dr. H. H. McNally, of Fredericton, N. B., to Miss Mary Ada, daughter of James K. Pinder, Esq., took place at St. Luke's Church, Temperance Vale, on the 31st of last month.

The hearty congratulations of the *News* is extended to all our confreres who have recently launched on the sea of matrimony.

The first graduating ceremony in connection with Aberdeen Hospital New Glasgow, occurred on the evening of the 6th inst. The graduating nurses were two in number, Miss White and Miss Frazer, both young ladies of Pictou County. Appropriate addresses were delivered by Rev. Mr. Woodruffe and Rev. Dr. Bowman and Dr. John W. McKay. Mr. J. M. Carmichael, who acted as chairman, alluded to the untiring zeal of Rev. James Carruthers in the matter of the building of the hospital, and said to him more than to any other man, was the credit due for the establishment of Aberdeen Hospital.

Five graduates of the Nova Scotia Hospital for the Insane School of Nursing received their diplomas on the 14th. inst. The ceremony was the first public one, a large number of representative ladies and gentlemen being present. An outline of the course was given by the superintendent, Dr. Hattie, while a history of the School and an appropriate address to the graduates was delivered by the former superintendent, Dr. Sinclair. Able addresses were also given by the chairman, Hon. C. E. Church, Rev. Dr. Black, Drs. Curry, Parker and Messrs. George Mitchell and George Troop.

The American Electro-Therapeutic Association will hold its next meeting at Washington, D. C., on September 19th, 20th, and 21st. The members of the Association are necessarily extensive users of electrical apparatus and for the mutual benefit of both the members and of the dealers in electrical supplies, a large hall has been secured for the exhibition of apparatus pertaining to this branch of medicine.

The William F. Jenks Memorial Prize which is the fifth triennial Prize of five hundred dollars, will be awarded to the author of the best essay on "The Various Manifestations of Lithæmia in Infancy and Childhood, with the Etiology and Treatment."

The conditions annexed by the founder of this prize are, that the "prize or award must always be for some subject connected with Obstetrics, or the Diseases of Women, or the Diseases of Children;" and that "the Trustees, under this deed for the time being, can, in their discretion, publish the successful essay, or any paper written upon any subject for which they may offer a reward, provided the income in their hands may, in their judgment, be sufficient for that purpose, and the essay or paper be considered by them worthy of publication. If published, the distribution of said essay shall be entirely under the control of said Trustees. In case they do not publish the said essay or paper, it shall be the property of the College of Physicians of Philadelphia.

The prize is open for competition to the whole world, but the essay must be the production of a single person.

The essay which must be written in the English language, or if in a foreign language, accompanied by an English translation, must be sent to the College of Physicians of Philadelphia, Pennyslvannia, U. S. A., before January 1, 1901, addressed to Richard C. Norris, M. D., Chairman of the William F. Jenks Prize Committee.

Each essay must be typewritten, distinguished by a motto, and accompanied by a sealed envelope bearing the same motto and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The Committee reserves the right not to make an award if no essay submitted is considered worthy of the prize.

Book Reviews.

An Epitome of the History of Medicine.—By Roswell Park, A. M., M. D., Professor of Surgery in the Medical Department of the University of Buffalo, etc. Based upon a course of lectures delivered in the University of Buffalo. Second edition. Illustrated with Portraits and other Engravings. 6½ x 9¼ inches. Pages xiv—370. Extra cloth, $2.00 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia.

A second edition of this interesting book has been called for within a year, which speaks in terms more strongly than we can pretend to do, of its value and appreciation with which it has been received by the profession. A chapter of over twenty pages on "Iatrotheurgic Symbolisim" has been added to the present edition which further enhances its worth. We can only reiterate our favorable opinion entertained in the revision of the first edition and again commend this work, the subject of which it treats having already received a genuine interest by a large proportion of the profession.

International Clinics.—A quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynæcology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology, and Dermatology, and specially prepared articles on treatment and drugs. By Professors and Lecturers in the leading Medical Colleges of the United States, Germany, Austria, France, Great Britain, and Canada. Edited by Judson Daland, M, D., Philadelphia. Volume I., ninth series, 1899. Published by J. P. Lippincott Company, Philadelphia. Canadian representative, Charles Roberts, 593 Cadieux Street. Montreal.

The last volume of this welcome publication contains the usual number of valuable lectures. "The Treatment of Chronic Bronchitis by Means of the Ipecacuanha Spray," is an interesting article by Dr. Arthur T. Davies, Physician to the Royal Hospital for Diseases of the Chest, London. Dr. Davies is favorably impressed with the line of treatment referred to, which some years ago was advocated by Drs. Ringer and Murrell. The second article on the "Treatment of Chronic Constipation" is continued by Prof. Theodore Rosenhein, of Berlin. "The Treatment of Tuberculosis," this being the fourth lecture by Professor J. Grancher, Professor of Medicine in the Faculty of Medicine of Paris, concludes an admirable contribution on an all absorbing subject. Most of the chapters deserve more than a passing notice but space will only permit us to mention a few in the different branches of medicine and surgery. Such are, "The Treatment of Brain-Fag Insomnia by Static Electricity" by Dr. John L. Howard ; "The Treatment of Burns," by

Dr. Wm. C. Dugan ; "Treatment of Acute Laryngitis in Children," by Dr. G. Variot ; "Pyopneumothorax," by Dr. W. F. Hamilton, of Montreal ; "Hernia in Children. A Plea for Radical Cure as Routine Practice," by Dr. Robert W. Parker, of London ; "Detection and Removal of Foreign Bodies in the Eye," by Dr. Thomas R. Pooley ; and "Lupus Vulgaris," by Professor Edmund Lesser, Berlin. The present volume contains nine excellent plates and figures illustrating different articles.

THE NEWER REMEDIES.—Including their synonyms, sources, methods of preparation, tests, solubilities, incompatibles, medicinal properties, and doses as far as known, together with sections on Organo-Therapeutic agents and indifferent compounds of iron. A reference manual for physicians, pharmacists, and students. By Virgil Coblentz, A. M., Phar. M., Ph. D., F. C. S., etc., Professor of Chemistry and Physics in the New York College of Pharmacy; Author of "Handbook of Pharmacy;" member of the Chemical Societies of Berlin and London ; Fellow of the Societies of Chemical Industry, etc. Third edition revised and very much enlarged, 1899. 150 pages. Octavo. Cloth. Price $1.00, net. Published by P. Blakiston's Sons & Co., Philadelphia.

The first edition of this book was published in April, 1895, the second in April 1896, and now a third one is before us. This speaks well of its reception by the profession and has encouraged the author to enlarge it and thus increase its usefulness. The drugs are arranged alphabetically, and a brief account of the properties and therapeutic uses of each make the work one of value for ready reference. Most of the remedies are not found in any text-book and consequently a work of this kind keeps the physician informed of every new agent and the particular affection in which it has proved serviceable.

THE SECOND EDITION OF THE CANADIAN NEWSPAPER DIRECTORY.—Published by A. McKim & Co., Montreal.

It would be no easy task to mention any business which is not now-a-days dependent, to a very large extent, for its success upon newspaper advertising.

Remembering the great importance of securing thoroughly reliable and up-to-date information we welcome gladly the second edition of the Canadian Newspaper Directory which has just been published by the old and well known Advertising Agency, A. McKim & Co., of Montreal. This is their second venture as publishers of a directory ; they issued their first edition in 1892, which was acclaimed throughout the Dominon as being far ahead of anything which had appeared up to that time. This 1899 Directory is really first class in every respect. The book itself, considered merely, is very fine. Well and handsomely bound,—containing over 430 pages printed on fine paper with new type which we are informed was bought for this special purpose. The work seems to place before the advertiser everything that he wants to know about each and every publication in Canada, in the shape of a newspaper or magazine, and in various forms, so that the special information desired may be turned to at once.

There are also beautiful lithographed maps, of each province, setting forth conspicuously every newspaper town in Canada ; one sees at a glance the density or sparseness of newspaper publications in any district.

The Directory also contains some well thought out articles on advertising, some very useful information about customs tariff, as affecting newspapers and publications generally, the law regarding libel etc., etc. The circulation of this Newspaper Directory among advertisers throughout Great Britain and the United States as well as at home, will certainly be of great benefit to the Canadian Press. It is a work much needed and fulfils in a marked degree the expectations we should have of any work issued by this enterprising and successful firm of advertising experts.

UTRO-OVARIAN PAIN.—Prompt relief, unaccompanied by habit or untoward after-effect, is what the up-to-date practitioner desires most in these cases. If the pain is over the lower border of the liver, or lower part of the stomach or in short, be it headache, sideache, backache or pain of any other description caused by suppressed or irregular menstruation, it will yield to five grain tablets of antikamnia. This dose may be repeated in an hour or two, if needed. For very prompt relief, it is advisable to crush the tablets and swallow them with a little wine, diluted with whisky or toddy.—*Ohio Medical Journal.*

SANMETTO IN ALL FORMS OF VESICAL DISEASE.—I have found the preparation known as sanmetto a most excellent remedy in all forms of vesical diseases that have come under my observation, especially the cystitis attendant on the presence of stone before and after its removal, and also the vesical tenesmus from colds and urethral inflammation, both specific and non-specific

St. Louis, Mo. JNO. R. PAPIN, M. D.

AN OLD WESTERN HÆMATHERAPIST.—Dr. Albert Dunlap, Creston, Iowa, from a private letter: "I had used bovinine for about nine years, but only internally. Now, I use it internally and externally ; so it is my 'Alpha and Omega.' Eighteen years ago, I had a large number of serious cases of bowel complaint in children, such as diarrhœa, dysentery, cholera infantum, etc. I had no 'bovinine' but I used raw beef, scraped and beaten up in cold water with an egg-beater. and saved every case.

Disease is debility :-hence, bovinine comes in as an essential factor in every case ; while in many cases it is the sole remedy needed. This is a broad cranky assertion, perhaps. But in several cases of ulceration of the stomach I have just followed the principles of "Hilton on Rest and Pain," and ordered rest to the alimentary canal for a month. The improvement was rapid and the recovery complete, on bovinine in milk every two hours ; no other nourishment, except to keep the liver acting and bowels regulated. In catarrh, I use Bermingham douche, with glyco-thymoline, or solution made with Siler's tablets, or Dobell's solution, followed by bovinine locally by spraying ; or where patients cannot afford a sprayer, diluted bovinine applied with a medicine dropper : using seven parts bovinine to one part of saturated solution of sodium chloride. Under this statement, improvement is very rapid. The general idea of it was brought to my notice by your journal, but I have modified your plan somewhat, to suit my practice. In cystitis, hæmorrhoids, chronic constipation—in fact, in any form of inflammation of the mucous membrane—the first thought is bovinine ; then, whatever else is necessary. But in the wasting diseases of children, we have a place for bovinine which gives it a stronger claim upon our notice.

A Bovinine Scare.—A child two months old was brought to my office, a skeleton, head thrown back, eyes vacant, had not slept since birth except from exhaustion, and appeared to have spasm of spinal muscles—reflex. I ordered bovinine, ten drops every two hours. In an hour or two, the woman came hurriedly to know if I was certain I had not given an overdose of the "medicine," said the child had been given one dose and had dropped asleep at once, and had been sleeping ever since! Her eyes had a vicious snap in them (she was a total stranger), and things looked rather dubious for my face, for she twisted some sharp-looking finger nails in an uneasy way. To assert or argue or explain would have been useless. I told her to go home and give the whole bottleful to her baby, and it would not hurt it. In two weeks, she brought the child back to show it, well and bright as any child could be. Last summer another skeleton was brought to me twelve miles, on a pillow; the most miserably emaciated child I ever saw; no facial resemblance to a human being; limbs dwarfed, and mere stems; crying constantly since birth, and with a history of abscesses from the same date, one after another, as big as half an egg. I ordered bovinine, ten drops every two hours in milk and water. The child went right on to recovery, and is a big, fat, healthy child today. The mother is a mere child yet, herself, and was in today for treatment of chronic eczema.

If you had not already had this treatment so often and constantly proved to be able to do all these things and more, I would not dare attempt to tell of them.

I am now trying bovinine for incontinence of urine in a boy who has been through the medical mill for about eight years, and has tried every line of treatment known to medical men. I have placed him on bovinine, four times a day in milk or water, and ten drops German tincture of belladonna at bedtime. My theory is that this big overgrown boy, thirteen years old, needs more strength and vitality, more stamina; bovinine will give him new direct nourishment of nerve power, and in that way will cure him.

I am very slow to take up with any new remedy: I use and trust very few, and hardly look at the "ads" of wonderful new cure-alls, that are now so freely paid for in medical journals, and which the medical profession must read and respond to, or the proprietors would soon quit advertising. I have added but one remedy to my outfit, in two or three years—formalin. I find it valuable, and am using it in asthmatic cases, with success, in a 2 per cent, solution, with sprayer.

The old man Hogencamp whose arm was crushed to bits eighteen months ago, I happened to meet at a bank a few days since, and made him strip then and there to show up. He showed a good serviceable arm and hand; supination and pronation both perfect; but the bones, radius and ulna, are rough as the bark of a black jack oak. You can count a dozen knobs of once fractured bone, in the radius alone; fragments that could not be accurately fitted together end to end and kept in place for union; yet the *vis medicatrix Naturæ*, with bovinine supplied blood on the spot as material for her use, brought that arm smashed to jelly, through all right. If I had another case like it, and could have it under my daily observation and control, I believe I could do still better, as I would ligature the tendons together, and could work with more confidence and ease.

THE
MARITIME MEDICAL NEWS,
A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XI. HALIFAX, N. S., JULY, 1899. No. 7.

Presidential Address.

DOES OUR EDUCATIONAL SYSTEM TEND TO PRODUCE THE HIGHEST TYPE OF MANHOOD IN THE YOUTH OF THE COUNTRY?

By JOHN McMILLAN, M. D., Pictou, N. S.

It is the right and proper thing for us, now living in the last year of the nineteenth century, to glory in the advances which have been made in all departments of knowledge during the last fifty years. While other departments have been advancing, medicine has been kept well to the front, and it is with a feeling of pride the physician points to the great strides which have been recently made in the profession.

While this is true, one cannot fail to notice, on reading the medical works being published, that possibly the greatest interest centers in the post mortem room. However commendable this is to the man of science, the clinical aspect of the case must interest a much larger class. As it is our duty to benefit the greatest number to the greatest extent, would it not be well, while keeping up our interest in the post mortem room, to go to the other extreme, and enquire, whether we are giving the youth of the country, by our educational system, the best outfit from a physiological point of view. If we are not, they are handicapped from the start. The government of our country has very properly taken charge of the education of our youth, and we have a right to look to the government to furnish the means by which the best results may be attained. That the

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* Delivered before Meeting of Medical Society of Nova Scotia, Truro, July 5th, 1899.

system of education is an improvement on the past is what we have a right to expect, and no one will deny, yet it has its weak points, and time, instead of remedying these, is accentuating them.

In the primary departments, indeed in all the departments, but I speak of the primary department first, the curriculum of study is something like a cast iron mould, into which all the children are alike to be fitted. It is apparent that all do not equally need and will not equally profit by certain branches of study. It is equally clear, that some must of necessity be seriously injured by attempting to keep pace with others whose physical and mental endowments are more ample and enduring. Those pupils of the highest mental and physical endowment may be able to keep up with the procession, while those not so highly endowed will drag along, not knowing, after the first month of the term " where they are at." As the end of the term approaches. the teacher must get in his cramming work, or else be counted a failure. The teacher has no part or parcel in the curriculum, except to take a certain amount of raw material, work it in a certain mould, and turn out at the end of the term a certain percentage of the manufactured article, or else be stamped as a failure. He has no discretionary powers, and can make no allowance for the dull pupil, or the nervous pupil. Teachers should certainly have some discretionary powers, not be mere automata. The number of studies should be reduced. All competent physiologists are aware that our public schools are attempting too much, still the work is being steadily increased. The special preparations for grade examinations are almost an unmitigated evil. After months of close application, with the brain fagged and the body tired, students are called upon to undergo the ordeal of an examination extending over days, to find out whether they are qualified to grade. Is it unreasonable to expect, under these unfavorable conditions, that the results will be satisfactory to either teacher. pupil or examiner. It is scarcely necessary to say that the people have been put through this ordeal for no benefit whatever. Who is better able to decide as to who is to grade than the teacher who has been in daily contact with the pupils during the term. In this way the pupil wishing to grade would see and feel the necessity for keeping up the daily work and being punctual in attendance, and the teacher would be relieved from the necessity of imposing extra work during the last few weeks of the term, and, last and best, the great strain on the brain and nervous system of the pupil would be avoided.

From the time the pupil entered until the time he grades into the academy, it has been a continual rush. Apparently the great object has been, both of parents and teachers, to get him into the academy at the earliest possible moment. In the academy we find the faults and follies of the primary departments accentuated. The average age of pupils grading into the academy is fourteen or under. Every physiologist knows this to be one of the most important periods, perhaps the most important, in the life of the individual. A great metabolism is taking place in the system, the brain and nervous system are in a very sensitive condition, consequently easily affected. The future health and happiness of the individual is largely dependent upon the treatment which the organism receives during the few following years. It is under these conditions that the plastic brain is forced to grapple with subjects far beyond the comprehension of the average pupil. The curriculum is arranged for those who are mentally and physically most highly endowed, and even these find it a difficult task to get through the work laid out for them For those who are not so well equipped mentally and physically, there is nothing but to drag along as best they can for a term or two, and then drop out of the procession altogether. The curriculum should be prepared for pupils of average mental ability, and average bodily vigor, or rather for those below the average.

The intention of our board of education is that every individual will be educated, not that a few will be highly educated, and the lower he is in mental endowment the greater the necessity that he be educated. In this way no wrong is done to those of superior mental and physical abilities, while the whole body politic is benefitted.

The number of subjects requiring to be taught is appalling. The teacher, as before stated, has no choice, can make no selections, has no discretionary power, and neither has the pupil.

As time passes, (not as the pupil advances,) ology after ology meets him, and still there is no end of the ologies. The only hope in sight is that shortly tautology will get into the curriculum, and then the pupil will stand a chance of getting back and acquiring some knowledge of elementary principles, now so lightly skimmed over: one is forced by the curriculum and its application to conclude, that all pupils are equally endowed mentally and physically, while the truth is, there are no two equally endowed. One has a taste for one line of study, another for another line. Should the pupil not have a right to a certain extent to select the line he prefers? Should he not have the opportunity of following a line which he thinks is going to be a benefit to him?

I quote here an item from *The Scottish-American:* "Mr. Wanamaker has introduced a novel and interesting feature into his big store, Broadway and Ninth street. It consists of a school for cash boys, which is held every morning between eight and ten o'clock. A cheerful and commodious room has been set apart for the purpose, and the lessons include arithmetic, spelling, grammar, writing, composition and other elementary branches. The boys have taken quite kindly to the experiment, and both they and the firm being benefitted by the increased usefulness they acquire, the school is likely to become a permanent feature of the store. A similar institution for shops girls, but varied by the inclusion of some more distinctly feminine branches, would afford a pleasant break in the monotony of their lives, and add to their efficiency as well as to their happiness." John Wanamaker is no enthusiast, no dreamer, he is a wide-awake business man. He knows what he wants in his clerks, and if the Board of Education will not supply from the State supported schools what he requires, he educates them himself, and feels that he is repaid by their increased usefulness. Note one omission, he has no Latin or Greek in the requirements.

The early age at which the pupils are expected to grapple with intricate subjects, prevents them from deriving the full benefits of the course. That you may understand the point I wish to make, I will give you an example from observation. As you are all aware, the late George Munro, of New York, gave bursaries and prizes to Dalhousie College, to be awarded by competition. It gives me great pleasure to state that students from Pictou Academy succeeded in carrying off a fair share of these prizes. Naturally one would expect that the pupils from the schools of Pictou town, having all the advantages of graded schools and the academy at their doors, would have secured a large percentage of these prizes, but such was not the case. A very large proportion of the successful students came to the academy from the country districts. Many of them never saw a graded school till they came to Pictou. The reason for their success is a perfectly natural one, and is what we would expect. They were of more mature years, their brain power was more fully developed, they were, for these reasons, better able to comprehend and understand the work: hence their success.

This fact clearly shows that the curriculum imposes too much work on the immature brain, and instead of being benefitted by their school training, to the extent we have a right to expect, many of them run the risk of being injured and handicapped for life. I say run the risk of being injured advisedly. As already stated, the period when so many intricate subjects are imposed upon the pupils is the most critical in their lives. The whole organism is undergoing a great change, the brain tissue is plastic, and the nervous system sensitive. The brain cells, from long continued expenditure of energy, become exhausted. As the term goes on the work increases, and only those of superior mental capacity and vigorous bodies, are able to do the work understandingly.

The protoplasm of the brain cells becomes used up by continual work without the rest necessary for recuperation. A continuation of these conditions results in a loss of inhibitory power. How often have you heard it remarked of young men who have become dipsomaniacs : " What a pity, one of the brightest, if not the brightest of his class," and so on. In many cases this condition results from exhaustion of nerve cells of the cortex. Feeling irritable and restless, instead of taking needed rest, seeing the work pressing upon him, he seeks for something to enable him to complete his task. He takes a little wine and feels better able for his work, still weakening his will power, and so on until he becomes a victim of dipsomania which is only a symptom of defective inhibition. He possibly may be a total abstainer, and would not touch alcohol in any shape, but feeling as he does he looks around for relief. In some of the daily papers he finds his case exactly described, and the remedy. He tries it, feels benefitted for the time, and soon becomes a medicine fiend. It is from this class that victims of the various patent medicines are supplied.

Again, how can we account for the large number of our youths who are wearing glasses ? The answer is twofold,—First the overwork of the plastic brain cells produces a congested condition, which affects either by continuity or contiguity, or more probably both, the optic tract. The vision becomes deranged, and away they rush to a peripatetic optic specialist, who never fails to adorn their faces with glasses, assuring them that they just came in time to save their eyesight—a species of quackery on a par with the restorers of lost manhood. Second, not giving proper attention to the introduction of light into the class rooms.

To sum up the whole matter in a short sentence, the school curriculum is developing a class of neurasthenics.

The object in bringing this subject before this Society is, that the Society may discuss it, and if they conclude that it is of sufficient importance, bring it before the powers that be, by the appointment of a committee, or in any way they may think best.

I take the liberty of suggesting to the Society, that they take some way of manifesting to the Government their appreciation of the benefits conferred in giving us a Bacteriological bureau, and a Statistical bureau defective as it is. By manifesting our appreciation the Government may be encouraged to go farther in the same line by improving the system for Statistics, might do something to improve our system of Sanitation by appointing Milk Inspectors, and Meat Inspectors, might improve on our Boards of Health as at present constituted.

One other suggestion and I am done. The live question to-day is a Sanitorium for consumptives. The principal is no longer an experiment. Germany, England and the United States have tried them, and they have come to stay. I intended to suggest to the Society, the propriety of taking steps to provide a Sanitorium for the early treatment of tubercular patients.

On the receipt of the MARITIME MEDICAL NEWS for June, I was more than pleased to learn that the Nova Scotia Branch of the British Medical Association had already taken the subject up, and were proceeding in the exact line that I was going to suggest. Would it not be the proper course for this Society to co-operate with the Nova Scotia Branch of the British Medical Association? The necessity for such an institution is self-evident from every point of view.

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Presidential Address.

HIGHER MEDICAL EDUCATION.*

By R. MACNEILL, M. D., Stanley Bridge, P. E. I.

Gentlemen :

When, one year ago, in the historic city of Halifax, you placed me in the honourable position of President, I felt that after the eminent addresses which my predecessors in this chair have delivered there was nothing left for me to say. The choice of a subject is a matter of no little difficulty. Medical education, however, is one in which the profession of Canada is greatly interested, and this Association representing the Maritime Provinces of Canada, may consider the time opportune to review it, not only as it may interest the profession but the people in general. The profession for a long time felt our anomalous position in being hemmed in by provincial boundaries so that a doctor who was legalized in one province could not follow his profession in another without passing a rigid examination. To-day we witness the realization of reciprocity in the practice of medicine in these provinces and what has been accomplished here can be accomplished in all Canada. I need not refer to the oft repeated expression, "The British North American Act" by which Canada was federated, leaving the question of education with each province. That matter is generally well understood. Medical education since the early days of the fathers of our profession has undergone many changes and no one will dispute the fact that the science of medicine has advanced notwithstanding the mighty opposition it has met with in its various epochs. It is somewhat unfortunate that when our profession will take a step in advance, many of the people view our actions with suspicion and particularly when we apply for legislative enactments. No other profession is looked upon by the people in the same way. Account for it as you will, the public look upon us when trying to raise the standard of education with suspicion and distrust that it is a scheme to raise our fees. A little reflection would convince them that it is truly in their own interests and to protect their lives, and that mercenary motives are secondary with us while primary with the people themselves. Is it unreasonable that we should insist on a high standard of medical education? I think not. The Church has insisted on an educated ministry with a high standard of education and a curriculum of seven or eight years including an arts course, and the people appear quite satisfied that it should be so. The disciples of Blackstone also require a high standard of education. The candidates must pass a preliminary examination and a course of five years. If the precepts and text of the sacred volume require such a standard of education; if the statutes of parliament and the common law require an equally high standard to interpret, what can be said against us requiring of our followers that they be educated men, when they have to deal with a constitution that is fearfully and wonderfully made? Instead of repulsive epithets we should be hailed by the people as benefactors. There is no pursuit that calls for a larger display of the best qualities of human nature than the practice of medicine, and one of the most essential elements among medical men is a reputation for high qualifications and accurate knowledge of their profession. The great Dr. Pepper, when provost of the University of Pennsylvania said " the vast improvements that have taken place in medical science; the additions to the positive knowledge of disease, and of the means for its prevention and cure; the widespread interest among the community concerning all physical science; the prevailing sense of the supreme importance of private and public hygiene; the constantly increasing wear and tear of our complicated social life—all of these foretell the large part which our profession must play in the future and at the same time attest its power."

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*Delivered before the Maritime Medical Association, Charlottetown, July 12th, 1899.

This covers the whole ground and is sufficient to vindicate our course. In order to convince the people and the profession that we are not travelling too fast, nor asking unreasonable things in our efforts to elevate the standard of medical education in Canada, let us briefly look at the state of medical education in other countries. Instead of being considered aggressive it will be seen that we are but humble followers in this movement. Superstition and mystery is fast fading away and the feeling with which science and medical men are regarded has undergone an equal change in all countries.

THE GERMAN EMPIRE.—(Population forty-one millions.)—There are twenty-three universities which confer the doctorate. To matriculate, the applicant must either present a certificate of a gymnasium or pass a preliminary examination upon Latin, Greek, German, history, mathematics and the elements of natural science. The course extends over four years of nine and a half months in each year. The right to practise, however, can only be obtained by passing the State examination which is conducted by a board composed of the professors of the different colleges appointed annually by the Ministry. The degree of Doctor has no special privileges attached to it, other than that it admits the possessor to examination for official position.

AUSTRO-HUNGARIAN EMPIRE.—(Population about thirty-six millions.) There are six medical schools all supported by the government. To matriculate, the applicant must present a certificate from a gymnasium. The course of study extends over a period of at least five years, of about nine months in each year. Examinations are held at the end of the second year upon the various subjects of the first two years; and at the end of the fifth year upon the subjects of the preceding three years; two or three months after the latter examination the candidate must pass a third and final one, which secures the diploma of Doctor of Medicine, with the right to practise.

RUSSIA.—(Population over eighty-five millions.) There are eight medical schools in Russia. To matriculate, the applicant must have a certificate from a gymnasium. The course of study extends over five years with examinations at the end of each year. The arrangement of the course of study is similar to that of Germany. Upon passing the final examination upon all the subjects of the entire course the candidate receives the right to practise with the title of "Physician." To obtain the degree of M. D., he must have the above title and must undergo a written examination, and also present a thesis. There was formerly a third degree, M. D., C. M., obtained after an examination in surgery, but is now becoming obsolete.

SWEDEN.—(Population four and one half millions.) There are two universities and one academy all of which confer the license to practise. To matriculate, the applicant must present a certificate from a gymnasium Three years after matriculating the student is required to pass the medico-philosophical examination which includes physics, chemistry, mathematics, botany, zoology, and comparative anatomy. Three years later he must pass the examination for the academic degree of candidate in medicine which includes anatomy, physiology, physiological-chemistry, general pathology, pathological anatomy, and pharmacology. Four years later he must pass a final examination upon practical medicine and surgery, obstetrics, ophthalmology and medical jurisprudence. Upon passing the above examinations the candidate receives the right to practise. Attendance upon lectures is not obligatory but the student is obliged to attend clinics for one and a half years. The course of medical studies is thus not less than ten years.

NORWAY.—(Population nearly two millions.)—The only medical school is in connection with the University of Christiana. To matriculate as a medical student the applicant must pass two preliminary examinations, one in arts, including Norwegian, Latin, Greek, French, German, English, mathematics, geography, and history, and one in philosophy, including geometry, zoology, botany, astronomy and the elements of chemistry and physics. He then enters upon the study of medicine proper, which on an average occupies six and three-quarter years. There are three examinations arranged as follows: 1st examination held two and a half years after matriculation, upon anatomy, dissection, use of the microscope, histology, chemistry (organic and inorganic) zoology, and botany. 2nd examination held three and a half years after the first upon physics, pharmacology, toxicology, medicine, therapeutics, general pathology, and pathological anatomy, surgery, ophthalmology, dermatology and syphilis. 3rd examination held about one year after the second, upon surgery and bandaging, topographical anatomy, obstetrics and gynæcology, diseases of children, forensic medicine, hygiene, and a practical examination in medicine and surgery. Thorough practical work in connection with the various hospital wards is also obligatory. Upon passing the examinations, which are conducted by the faculty, the candidate receives the right to practise. The doctorate is a scientific degree, giving the right to lecture at the university, and can be obtained only by passing a very severe examination.

DENMARK.—(Population nearly two millions.)—Has one medical school in connection with the University of Copenhagen. To matriculate, the candidate is required to present a certificate from a recognized literary institute, and must then attend a course of two years upon zoology, botany, physics and chemistry, including analysis. After passing the examination on these subjects, he is admitted to the course of medicine which extends over five years. The degree of M. D., with the right to practise after the final examination, is then conferred.

FRANCE.—(Population thirty-six millions.)—There are six conferring degree academies, and sixteen preparatory medical schools. To matriculate at an academy, the candidate must have the degree of B. A. and B. Sc. The course extends over four years of ten months in each year. In addition there are required practical laboratory work, and clinical work in connection with the hospitals, for two years. This may be done either the last two years of the course or the last year and the year following. There is a practical examination at the end of each of the three first years, and at the close the final examination for the Doctorate consists of five parts, including all the subjects of the course, together with the presentation of a thesis.

HOLLAND.—(Population one and a half millions.)—Has three universities supported entirely by the State. To matriculate at a university the applicant must present a certificate from a gymnasium or undergo an equivalent examination. The course extends over six years. The right to practise is not conveyed with this degree, but can be obtained only by passing an examination before a special board consisting of eight professors appointed annually by the government.

BELGIUM.—(Population over five millions.)—Has four universities two of which are supported by the State. To matriculate, the applicant must be a graduate of a literary college or pass a thorough preliminary examination. The course extends over five years and includes practical laboratory work, operative surgery, and attendance for three years upon clinics in medicine, surgery and obstetrics. The examination for the degree of Doctor of Medicine is held a few weeks after the close of the course, and includes the general subjects of the course, together with practical examinations in clinical medicine, surgery, obstetrics, and in operative surgery. This degree is conferred by the universities, but the diploma must be legalized by a Government Commission, whose duty it is to ascertain if all the conditions exacted by law have been complied with.

GREAT BRITAIN.—There are nineteen medical schools, ten, namely the universities, confer the Doctorate. The remainder bestow the various titles of licentiate, member and fellow. To matriculate, the applicant must either possess a degree in arts of some recognized collegiate institution, or must pass the prescribed preliminary examination. This course has been extended to five years. During the attendance at an hospital the student must serve as clinical dresser for three months, and as clinical clerk for three months. The examinations are two in number, partly written and partly oral. The examinations are quite rigid and are conducted by a board composed of professors and of others having no connection with the college. Upon passing the final examination the candidate receives the right to practise, with the title (differing in different schools) of licentiate, member, fellow, bachelor of medicine, bachelor of medicine and master of surgery, or doctor of medicine. In Edinburgh the degree of M. D. is only to be obtained after first having taken a degree both of bachelor of medicine and master of surgery, and after having devoted two years to actual practice. No special examination is required but the candidate must present a thesis. The higher titles such as F. R. C. S., F. R. C. P., and M. D, have no privileges attached to them outside of the college granting them, excepting that they are requisite for appointment on the staff of hospitals of any reputation. The medical profession in Great Britain enjoys that degree of estimation and credit which a science (conferring on mankind the greatest of all comforts) justly deserves. We find that the physicians and surgeons of Great Britain are almost invariably men of liberal education and cultivated minds and the art of medicine is carried on to a singular height of excellence.

AUSTRALIA—(Population about two millions.) There are two universities, one at Melbourne and one at Sydney. Before matriculation the candidate must pass a rigorous examination in languages, mathematics, etc. The course of medical study extends over five years of nine months a year, and includes thorough practical work in laboratories and in hospital wards. The examinations are both written and oral. The final examination includes all the subjects of the fourth and fifth years with practical tests in dissection, operative surgery, clinical surgery, and medicine. Candidates are required to pass in all subjects. The degree of M. B. with license to practise is then given. To obtain the degree of M. D., which is a title merely conferring greater professional prestige, the applicant must have taken the degree of M. B. and subsequently have passed two years in hospital practice or five years in private practice, including in either case, attendance for three months on the practice of an hospital for lunatics, and must also pass a special and elaborate examination both theoretical and practical in character.

ITALY.—(Population about twenty-nine millions.) There are seventeen universities, four so-called free universities and one academy. To matriculate, the applicant must possess a certificate from a lyceum which is a high grade of literary institute. The course of medical study extends over six years of nine and one-half months in each year. There are three examinations held at intervals of two years, by a commission composed of professors with one or two associates, having no connection whatever with the schools, and nominated by the government.

Excellence in one or more branches is not allowed to compensate for failure in others. Upon passing a second examination at the end of the fourth year the student receives the title of licentiate, which is merely an academic distinction. The final examination at the end of the sixth year includes not only all the subjects of the entire course of study, but also the diagnosis and treatment of medical, surgical and obstetric cases. Upon passing this examination and presenting a thesis, the candidate receives the degree of Doctor of Medicine and Surgery with the right to practise.

PORTUGAL.—(Population four millions.) There are three medical schools all supported by the government. The course extends over five years of nine months each. To matriculate, the applicant must pass an examination in Latin, Portuguese, French, English, mathematics, elementary physics and chemistry, natural history, logic, history and geography.

BRAZIL.—(Population about twelve millions.) There are two universities, requiring a rigid preliminary examination. The course extends over a period of six years. Upon passing the final examination, which embraces all the subjects of the course, and upon the presentation of a thesis, the candidate receives the degree of Doctor of Medicine, with the right to practise.

VENEZUELA.—(Population about two millions.) There are two universities. To matriculate, the candidate must have the degree of bachelor of philosophy. The course extends over six years.

CHILI.—(Population two and a half millions.) Has one medical school. The applicant must have a diploma of a collegiate institute to matriculate. The course extends over six years.

SPAIN.—(Population about seventeen millions.) There are three medical schools. To matriculate, the candidate must have the degree of doctor of philosophy. The course of medical study is four years.

CUBA.—(Population was about one million.) Has one university. To matriculate, the candidate requires to have a degree in arts. The course extends over six years.

UNITED STATES.—(Population about seventy millions.) Has one hundred and six medical schools, with different regulations in each state. The leading States of Pennsylvania, New York, Mass., and some others have State qualifications, so that a diploma serves only as a mark of literary distinction, and no longer giving the holder thereof the right to practise. Too many schools have lowered the standard in that country, but now the leading schools of the regular profession have a graded course of four years of nine months, and a preliminary examination.

CANADA.—Our beloved Canada, with a population of about five millions, has eleven medical schools. I need not refer to the collegiate course in this country. The colleges have been doing good work, and always followed in the wake of improvements. For years past the Canadian Medical Association has been endeavoring to educate the people as well as the profession on the necessity of having one qualification for all Canada. At the last meeting at Quebec, the basis of uniformity of curriculum was agreed upon, and the matter entrusted to Dr. Roddick to perfect and complete. We look to him as the Cæsar to lead us across the provincial Rubicon, and have established in Canada—what? the University of Canada, or the College of Physicians and Surgeons of Canada? or the Dominion Medical Council? Dr. Roddick has issued an address, in which he very ably sets forth his views as follows:—

"By an Act of the Dominion Parliament, a corporation may be created called, let us say, The Dominion Medical Council, which would be composed of medical practitioners from each Province and from the North-West Territories. The principal function of this Council would be to register all persons who have complied with certain requirements as to education and training for the practice of medicine and surgery, and all applicants who shall have complied would receive what might be termed Dominion registration by the Council."

As we are aiming at making the profession in Canada one body, with one legal qualification to practise, thus placing it as high as any other country, it behoves us to commence with a high standard of preliminary education. Men entering the profession with a low standard will have an equally low estimation of the profession and the public. They are the class who sell patent nostrums, and show cleverness on the commercial side of this question. Some of these are so clever that they do not require to see their patients. We have at least one on our register who pretends by the signs of the zodiac and the date of birth to tell the dispositions of his patients and in this way impress his great skill on the easily impressed minds of his patients. In the face of the bold and unblushing quackery which we witness there is great need of higher medical education as being truly in the interest of the common people, as they are the ones that will suffer most by ignorant pretenders in medical science. The profession of medicine in Canada will be what its followers aim to make it. The duty of maintaining its sanctions, and its higher standard will desolve upon those who practise it. The Government of the country has done nothing for the cure of the diseased, although thousands and millions of dollars are expended on other objects. True they establish quarantine hospitals. Good government has for its object the happiness of its subjects, and while we find laws regulating education and morals, etc., it is a sad reflection on the wisdom of our legislatures that no endowment or appropriation is made for training men for curing diseases. Let every obstacle arising from ignorance of the human organism and the diseases to which it is subject be removed by a thorough medical education, and let none be permitted to treat the fearfully made human frame who does not understand every thing pertaining to its anatomy, physiology, and the nature and properties of every medicine for the cure of its diseases, in addition to a full knowledge of all the sciences bearing upon this wonderful organism. There is no profession which should embrace a wider domain of science. When we consider the jealous eye with which life and property is regarded in all civilized countries, and witness the precautions that are taken on steamships and railways, we wonder that any obstacles should be placed in our way by the very people we are trying to serve when we appear before them advocating higher medical education. To attain this object to-day the Federal Government must be approached. Whether we form the Dominion Medical Council or the University of Canada, the Federal Parliament should appropriate an annual sum to support and carry it through. The united voice of the profession behind Dr. Roddick in Parliament will do much in this matter and help the consummation of our desires. In order to be worthy of the name of Canada it should be a State University or a State Council created and supported by the Federal Parliament. A diploma from such a body whether for a degree carrying with it the right to practise, or for membership, would be respected the world over. You could gain admission with it to the British Register, and serve as an object lesson to our cousins across the border.

Brethren, we must be united as one man, and it is a duty incumbent upon us to lay a good—a lasting foundation, and thus leave a legacy to our successors, which shall be as permanent as the everlasting hills. Like globules of quicksilver dispersed over a polished surface, they have ever been seen in constant agitation and inquietude, while distinct, hastening together with a continually accelerated velocity when they have come within the sphere of each others attraction, and whatever be the size of the masses into which they have been combined, arranging themselves in each round a common centre. We must have a central head supported by every province, having the status and distinction of a legislature, alike on equal terms and basis of union as councils. The first principle dictated by political wisdom is this, that those fundamental rules be observed which natural justice inculcates as the proper groundwork of all social institutions. If these are violated or neglected, oppression will take place, and our members will become more and more dissatisfied. We live under the protection of a flag where the humblest and poorest subject may carry his complaints to Parliament and if once the united sense of our professsion be decidedly formed and permanently expressed concerning the injustice or impolicy of any particular law, that voice will reach every branch of the Legislature, and obtain that change in the system which moral duty and the general welfare demand. It is thus that improvements have been made in the constitutions of nations for centuries past, and it is thus, we trust, it will continue to be made for centuries to come.

The approaching meeting of the Canadian Medical Association at Toronto is destined to be an important one. Every Council in the Dominion should be represented, as it is likely this meeting will be the last one at which the question will have to be considered. The tendency of the age is to have a five years course, as it is in England, and that the completion of an arts course will be insisted upon as the requirement for matriculation.

The basis of agreement at the Quebec meeting last year required B. A. or an Academic first class Teacher's License, the latter being the same as an Honor Diploma of the third year in Prince of Wales College. Our Legislature, pretending to be wiser than we, rejected that provision and substituted first class ordinary Teacher's License. This qualification is deficient in Latin, Greek, English, French, geometry, algebra, statics, dynamics and practical chemistry. Very likely the whole question will have to be considered again and the Legislature will be asked to repeal the words " First Class License " in the P. E. Island Medical Act. College degrees can only be accepted as an acknowledgement of purely scientific attainments ; they secure no professional rights to-day in any of the Provinces of Canada, and the close of a university education requires a State examination in each Province. The practitioners of medicine in Canada should be free and legalized to practise their profession from the surging billows of the Atlantic to the placid waves of the Pacific, and as God's chosen, permitted to go forth to do battle with disease and death. Let our aim be to consolidate the profession under one head by Dominion Registration. In conclusion, I desire to say that so long as the foundation of our profession is science, and its end the good of mankind, let us not rest content until we place it on the highest plane with that of the foremost country and make it creditable alike to the profession and the people of Canada. If I have failed to add due interest to the theme, I can but ask that you will spread the mantle of your charity over my imperfections. Gentlemen, I thank you for your kind and courteous attention.

Original Communications.

DISPENSING PHYSICIANS.*

By L. J. Mylius, Halifax, N. S.

The physician who has to practise his profession without the convenience and assistance of a resident pharmacist labors under continua disadvantages.

In Nova Scotia you will generally find the pharmacist wherever there is enough practice to support two or more physicians, and I believe that it is in the best interests of the people that such is the case, for it is essential, where the highest results are sought after, that physician and pharmacist should live in harmony, each one assisting the other to the best of his ability.

The training of the physician and pharmacist is entirely distinct. Each has his own sphere of labor, and the pharmacist can no more successfully perform the duties of the physician than the physician (without special training) can those of the pharmacist, but so allied are their professions that each is capable of rendering material assistance to the other.

The one is taught how to diagnose disease and what to prescribe for treatment and cure thereof. The other is taught how to compound the prescription written by the physician, and his long and careful training in his profession is a constant safeguard to the public. It is left to the pharmacist to determine whether the drugs which enter into the compounding of the prescriptions, are absolutely pure and of full strength, and his aim should be to assist the physician by dispensing drugs, etc., which are purchased not in the cheapest market but in the best, and which he knows to be of the very highest grade obtainable.

In all Continental cities the duties of physician and pharmacist have been long since separated, in many place by law, but in *all* by experience.

In Great Britain, United States and Canada the dispensing physician has almost ceased to exist, except in the smaller towns.

My remarks, therefore, are to be taken as referring to the state of affairs existing in towns or districts where, notwithstanding the advent

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Read at the Annual Meeting of the Nova Scotia Pharmaceutical Society, June 20th, 1899.

of the pharmacist, the physician still continues to dispense his own prescriptions.

No physician who can avail himself of the assistance of the pharmacist should fail to do so, both for his own sake, and for the good of the public whose best interests he has at heart.

How can the fact of a physician insisting on dispensing his own prescriptions affect the good of the public?

In answer I ask, how can the busy physician look after his practise, keep his mind up to the time by study and research, and still find time to buy and sell a stock of drugs and medicines and dispense the same?

Does he not attempt too much? And is there no danger that some part of his duties are apt to be carried out in a manner not in the best interests of the people, *or* that he will relegate the important duties of dispenser to some inexperienced assistant.

We have, doubtless, all of us visited the laboratories or offices of many physicians, and I think that you will coincide with me when I say that with only a few exceptions is there ever found anything but a state of chaos. I have seen drugs piled on the shelves and mantlepieces in endless confusion. Bottles without stoppers abounded and very many of the articles unmarked or unlabelled I am not blaming the physician so much, for how can it be otherwise when his mind is loaded with cares and anxieties concerning his patients. I am only stating what I have seen myself.

Now, what would these very physicians say and think if they came into your dispensing department or mine and such a state of affairs existed? We fear that we would get little sympathy from him or the public either, if errors occurred under such circumstances, but instead, we would find everyone ready to accuse us of criminal carelessness.

I know physicians who try to confine there stock of drugs and medicines to a large array of tablet triturates, pills, etc. Why? Because it is easier for him to keep up his stock, easier to dispense, and he has not got the time to prepare the preparation of the pharmacœpia which he *would* prescribe were he relying on the pharmacist to compound the medicines required, and which preparation would in all probability be of greater benefit to his patient.

If the physician find he has not got the remedy indicated by his diagnosis, what *can* he do but give his patient "the next best thing," and I fear that this necessity (to him) very often happens, and acts sometimes, perhaps, injuriously to his patient, but reacts very often upon himself, affecting his career as a successful physician.

The proper course for the physician to pursue is to diagnose the case before him, decide on the remedies indicated and send his patient to the pharmacist who must procure and provide just what is ordered.

Not for an instant do I wish to impugn the honesty or reflect in the slightest degree on the professional capability of our physicians, but we all know that the busy physician is bound to give one drug where another is indicated many times, if he only has his own limited stock to draw from. It is the *pharmacist's* duty to keep a complete stock, and he is acquainted with the quickest mode of obtaining any new and valuable remedies. No physician should have the care of a drug store on his mind, his spare moments should be used in delving after more light, perusing carefully his medical periodicals, books, etc., and striving to store his mind with knowledge so as to be able more successfully to combat the onslaughts of his great enemy—disease. Would not the great commonwealth be the gainer by such a course?

I feel that I am not saying too much when I venture to assert that the fact of so many cases coming to the cities or centres for medical treatment could in some cases be traced to the fact that physicians in these places do their own dispensing, and spend time on such work which could be better spent in enriching their minds, and also because they are forced very often to use *the next best thing.*

Now why "for his own sake" should the physician always make use of the pharmacist when he is able to do so? We have already mentioned some reasons and these are without doubt the most important, but the secondary reasons we wish to mention are financial reasons. Every prescription a physician dispenses for his patient, is taking hard earned money out of his pocket. I contend that he could in almost every case get just as much remuneration for his advice as he does for both advice and medicine. Indeed the physician who sends his prescriptions to the pharmacist, as a rule, can charge larger fees than his brother, the "dispensing physician."

A stranger in the town of W. having contracted a heavy cold, called on the physician to consult. The doctor used his stethescope, took his temperature, and filling a 2 oz. bottle with medicine, handed it to the gentleman, charging him in all 25 cts. And there is a good druggist in this town.

A lady visiting at K. three miles from the town of C. called in the doctor to see her child. The physician made the examination and returning next day he provided a 2 oz. box of ointment and charged her altogether the sum of 50 cts. There are two drug-stores in the town of C. Now in the first case the gentleman expected to pay $1.00 for the physician's advice and have his prescription dispensed by the pharmacist. In the second case, the lady expected to pay at least $1.00 and was prepared to send to C. for her medicine and pay the pharmacist for it.

I cite these cases to show how apt the physician is to get in the habit of "giving his medicine free," for in both cases the patients were strangers to the place, and therefore the old argument could not apply viz., that the physician has to provide medicine because the patients are often too poor to go to the drug-store and purchase what is ordered. Now usually the physician in the country should get as much for his experience and brain work as his brother in the cities or larger towns, or we shall say surely he should get a reasonable fee without having to provide the remedies out of his own pocket.

Why should so many physicians run a private benevolent dispensary? Does the blame not often lie with themselves? Does it not *always* lie with themselves *if there is a pharmacist in the vicinity?* Why should he charge *less* than others, and make his patients the present of a drug stock every year of his life? I believe that the patient has a higher regard and esteem for the physician when he has to pay that physician for his skill and knowledge and is allowed to purchase his own medicines from the pharmacist.

I believe that if the physicians of any town or district in this province (where the pharmacist has located) were to agree to unite in the endeavor to do away with the old system of dispensing their own prescriptions, that they could do so without losing any practice, but with the result of saving thousands of dollars annually, and I also believe that they would thereby raise the standard of their profession in the estimation of the people.

Why cannot the pharmacist, by interviewing the physicians in his town and using the foregoing and other perhaps better arguments, assist in bringing about this desirable change? But now a word to the pharmacist!

It is our duty to have a neat, clean, orderly dispensing department. No matter how small the volume of business, there is no excuse for dust or disorder. All our bottles should be well corked and labelled distinctly, and if we cannot afford recess-labelled glass-stoppered ware, we can at least have uniformity in shape and sizes of our dispensing bottles. Let us have a reliable pair of dispensing scales and a good supply of aluminum weights. In short let the dispensing department be our first and chief pride.

We should look sharply after our stock and destroy anything deteriorated by age. We should only keep drugs we know to be pure, always bearing in mind that the lives of the people depend on us as well as on the physician.

Never let prices influence us where quality is concerned, when purchasing, and strive to have on our shelves the products of only such manufacturers as we know to be reliable. We must remember that we hold in our hands to a certain extent the reputation of the physician, and the best way to assist him is to provide only the best.

Keep up with the times, and be well informed on new remedies, procuring the same expeditiously when required. Try, as much as it can be afforded to do so, to anticipate the wants of the physician in this respect. Have a drug *when* it is called for.

I know some of the cleverest physicians in Nova Scotia who have been helped by suggestions from the pharmacist as to what remedies are of use in certain diseases. They forget perhaps for the moment just what they would like to prescribe and will thank you for your suggestions if you show that you are capable and thoughtful about these matters.

Discourage with all your might that evil " Counter prescribing " and advise your customers to consult the physician, knowing that he will send the patient to you again to have the prescription dispensed. Here you do a good turn to both physician and patient.

This paper is doubtless very incomplete and many other points will arise in the minds of you gentlemen, but if it stimulates us all to do what we can to raise our profession in the esteem of the physician and the public generally, then its object is not in vain.

Let us strive to make ourselves of greater use to the physician, cultivate a more friendly feeling, conduct our business on the highest possible lines, and in return we may gain the appreciation of the physicians and bring about that glorious millenium for the pharmacist—" When physicians prescribe but dispense no more."

THE
MARITIME MEDICAL NEWS.

VOL. XI. JULY, 1899. NO. 7.

Editorial.

THE DISPENSING PHYSICIAN.

The article, which is published elsewhere in this issue, from the pen of Mr. L. J. Mylius, a member of a well known drug firm in Halifax, which has the reputation of doing the largest dispensing business in Canada, will be read with interest, as it presents a live question from the point of view of a pharmacist of extensive experience. Mr. Mylius prepared his article without any intention of having it published, but for the purpose of presenting it at a meeting of the Nova Scotia Pharmaceutical Association. We reprodue it at the request of a physician who heard the paper read, and publish it just as read—and not just as Mr. Mylius would have prepared it had he expected that it would be demanded for reproduction in a medical journal. We feel, therefore, that the paper possesses special value, and gladly give it space.

While appreciating the tone which pervades the article, and while admitting the force and truthfulness of some of the strictures which Mr. Mylius imposes upon those of the profession who cling to the fashion of doing their own dispensing, we feel that the whole case has not been presented in the article under discussion.

The physician whose private pharmacy does not contain all the preparations of the pharmacopœia may, at times, be compelled to make use of agents other than those which he might consider preferable, but he at least has the privilege of deciding for himself as to what is "the next best thing." Now it has happened to more than one physician that a prescription has gone to a pharmacist, whose stock was wanting in some article prescribed, and that for such article a substitute has been dispensed, without the knowledge of the prescriber. The fact that substitution is practised by some druggists is the strongest argument in favour of a general return, on the part of physicians, to the old time method of preparing their own medicines. We do not believe that many pharmacists are guilty of substitution. On the contrary, we believe that the great majority are extremely conscientious in their methods of dispensing. But a few unscrupulous druggists, scattered here and there, constitute quite sufficient a menace to the safety of patient and the reputation of physician to argue more strongly for the dispensing physician than Mr. Mylius argues against him.

And while that evil "counter prescribing" exists—we are glad to see Mr. Mylius take his stand against it—it can hardly be hoped that the physician will feel as well disposed towards the pharmacist as he would did he feel assured that the pharmacist were always loyal to him. We have reason to believe that the number of druggists who will decline to administer a dose of phenacetin or some such drug to a patron complaining of headache, or who will not attempt to dress a minor injury, or who will object to dispense a prescription for a person other than for whom the prescription was written, is small indeed. And we fear that the experience of most physicians will confirm us in this. If the physician who dispenses his own remedies wrongs himself and the pharmacist, what is to be said of the pharmacist who undertakes the serious responsibility of prescribing?

Space will not permit further discussion of Mr. Mylius' very excellent and very interesting paper. We think, though, that we have said enough to put the physician right with the pharmacist in respect to this subject. We cannot but regret a matter which Mr. Mylius refers to—instances in which physicians have accepted, apparently as is their custom, ridiculously small fees. For such we can offer but one explanation—the services rendered were worth little, and were valued accordingly. It is not creditable to men who bear the name "physician" to belittle the profession in the public eye by placing so small a value upon their knowledge and skill. Such men would surely profit as much at a trade, and would not then endanger the reputation of a noble profession.

THE ANNUAL MEETINGS.

The thirty-first annual meeting of the Medical Society of Nova Scotia, of which a detailed account appears elsewhere, proved in every respect a success. While the programme was not a very long one, it was made up of good, practical papers, and each was accorded a full and valuable discussion. The president's address, which we produce in this issue, dealt in the main, with a very important issue—one which forces itself upon our consideration more and more as the ideas of the educationists "advance." His references to the need of a properly organized statistical bureau and of a sanatorium for the treatment of tuberculosis were also timely, and should receive due attention.

Dr. Roddick's remarks upon the subject of Dominion Registration were listened to most attentively, and we feel sure that at least a large majority of those present were thoroughly in sympathy with his scheme. The matter is one of great importance, and will again be referred to in a subsequent issue of the NEWS.

We are in full accord with Dr. Jones in his contention for a more satisfactory and more efficient regulation of vaccination than is at present in vogue. This subject will also receive editorial treatment in a future number.

The medical men of Truro did nobly in the matter of entertaining their guests. The drive to the lovely Victoria Park, where five o'clock tea was served, proved most enjoyable, and the dinner at the Learment Hotel at the close of the meeting was in every particular a success. And apart altogether from these notable functions, the hosts were most kind and showed many courtesies to the visiting men, so that all who attended the meeting will have the most pleasant recollections of the very hospitable treatment received at the hands of their confreres in Truro.

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THE annual meeting of the Maritime Medical Association is also an event of the past. To use simply the stereotyped expression that the meeting was a success would not do ample justice to the contributors of the programme or the local committee who arranged the details of the meeting. The proportion of those in attendance from P. E. Island was very creditable, in marked contrast to the number who registered their names at Charlottetown three years ago. At the same time we looked in vain for faces which were familiar in college days and yet they appeared not—neither at this year's gathering nor the previous one held in their own province. The representation from New Brunswick was fair, while Nova Scotia, as usual, sent a large delegation. The meeting was honored with having such men as Dr. Robert T. Morris, of New York, whose address on "Peritoneal Adhesions" was decidedly interesting and profitable; Dr. James Bell, of Montreal, whose account of several somewhat unusual cases in abdominal surgery, with the history and treatment, only added to Dr. Bell's well known reputation as one of Canada's foremost surgeons; Dr. John Homans, of Boston, who gave some interesting details on "Fibroid Tumors of the Uterus;" Dr. W. F. Hamilton, a former maritime boy who is now a rising physician of Montreal, and Dr. H. D. Hamilton, also of Montreal, who always favors the association with something valuable.

It is rather remarkable that P. E. Island should have for its new Lieutenant-Governor a medical man, and at the same time Charlottetown should have a member of the same profession as occupant of the mayor's chair. It was, therefore, a happy coincidence that brought the meeting of the association to Charlottetown at such an auspicious time. The Garden Party at Government House, the pleasant excursion on the harbor and the dinner at the Hotel Davies, reflected on the able manner in which the local committe of management so successfully worked to make the meeting profitable and enjoyable.

We are not able to make any reference to the New Brunswick Medical Society meeting in this issue, but will publish an account of the proceedings in our August number.

Society Meetings.

MEDICAL SOCIETY OF NOVA SCOTIA.

The thirty-first annual meeting of the Medical Society of Nova Scotia was held in the Normal School Building, Truro, on the 5th and 6th of this month. When the meeting was called to order by the President, Dr. John McMillan, of Pictou, at 2 p. m. on the 5th inst., a good representation was present. The following gentlemen duly registered their names:

D. H. Muir, W. S. Muir, J. H. McKay, H. V. Kent, J. C. McDougall, F. S. Yorston, S. L. Walker, F. F. Eaton, H. M. Stanfield, (Truro), John McMillan, (Pictou), J. W. McKay, H. H. McKay, S. Keith, C. J. Miller, (New Glasgow), A. Love, (Bridgeville), A. Culton, (Ferrona), D. McIntosh, (Pugwash,) M. D. McKenzie, (Parrsboro), W. Rockwell, (River Herbert), W. Tobin, D. A. Campbell, Carleton Jones, W. F. Goodwin, John Stewart, M. G. Atkinson, Jas. Ross, (Halifax), M. A. B. Smith, W. H. Hattie, (Dartmouth), R. Cox, (Upper Stewiacke), J. R. Chute, (Little River), J. I. Wallace, (Economy), Bret Black, J. W. Reid, (Windsor), G. Gordon Campbell, T. G. Roddick, M. P., (Montreal), E. D. McLean, A. Halliday, (Shubenacadie), W. B. Moore, (Kentville), M. S. Dickson, (Great Village), G. Dunbar, (Belmont), H. Smith, (Folly Village), E J. Elderkin, (Weymouth Bridge), J. W. Clarke, (Tatamagouche), A. P. Reid, (Middleton), C. H. Munro, (West River), C. A. Webster, (Yarmouth), H. S. Densmore, (Elmsdale.)

The minutes of last meeting were read and passed.

Dr. D. H. Muir, chairman of local committee of management, reporting for the committee, tendered the Society a drive and five o'clock tea that afternoon and a dinner on the following evening at 9 P. M.

The President named the following members to act as the nominating committee: D. A. Campbell, C. A. Webster, E. J. Elderkin, W. F. Goodwin, W. B. Moore, F. S. Yorston, W. Rockwell.

Dr. Robinson Cox, of Upper Stewiacke, then read his paper on "Graves' Disease." It was a well written and able paper, which we hope to publish in a subsequent issue of the NEWS.

Dr. D. A. Campbell congratulated Dr. Cox upon the result of the case mentioned. He (Dr. C.) had only seen two severe cases. Fright often is a cause ; has seen three cases caused by fright. Digitalis, in small and repeated doses, had given the best results. Thyroids do no good. Cannot treat all cases alike. Cures are very infrequent.

Dr. F. W. Goodwin referred to a post mortem he had seen in a case of this disease. The orbits contained fat, the thymus gland weighed one and three quarter ounces and the heart was fatty. Has seen belladonna and digitalis do good.

Dr. Gordon Campbell next addressed the meeting upon this subject and called attention to the fact of the great difference between the two diseases, myxœdema and exophthalmic goitre.

Dr. W. S. Muir said that he had seen five cases within a month at one time. It is a very common disease in Nova Scotia, but why he cannot say. It is common in neurotic families and particularly in large families. Rest, attention to diet and the condition of the bowels are most important. Cannot treat any of the severe cases upon one drug.

Dr. F. W. Goodwin, of Halifax, and Dr. M. S. Dickson, of Great Village, then read their papers, the former's being two cases of "Meningitis," the latter's two cases of "Cerebro-Spinal Meningitis following La Grippe." The papers were discussed together by Drs. D. A. Campbell, W. B. Moore, C. A. Webster, Gordon Campbell, John McMillan and E. J. Elderkin.

Dr. Gordon Campbell said that Councilman, of Boston, had found the bacillus. He had seen three cases diagnosed by puncture and drawing off fluid from spinal cord and the bacillus found. In doing this chloroform is not necessary. Two pillows are put on the bed and patient put upon them belly down.

The President said that twenty-five years ago cerebro-spinal meningitis was epidemic. Nearly every case was fatal, no treatment being of any use.

After the close of this session the local medical men took their visiting brethren in charge, and drove them around town pointing out the places of interest in Truro and vicinity, finally landing them at Picnic Dell, Victoria Park, where a very pleasant informal five o'clock tea was served by the wives and lady friends of the Truro physicians.

Second Session.—The second session opened in the large hall of the Normal School at 8.30, the public being invited to listen to the President's address, the subject being "Does our Educational System tend to Produce the Highest Type of Manhood in the Youth of the Country." (Published on page 217 of this issue.)

Dr. John Stewart moved a vote of thanks to Dr. McMillan for his valuable address. The whole question, he said, was important. Wit and wisdom are born with a man. The idea that all men are born free and equal is absurd. There is not the same capacity in every child. The generally recognized object of education is the formation of character. Our educational system is not perfect, and nothing will help more to point out its imperfections than free and open discussion.

Dr. A. P. Reid, of Middleton, had much pleasure in seconding the motion. A boy to make a successful man must begin when he is young. The present educational system gives him more knowledge but not more wisdom, and does not give him a chance to push himself along. Our present system of education seems to be to fill the professions—lawyers, doctors and a few ministers. Teach the boys that any variety of labor is honorable and he should be proud in carrying it out. Forty or fifty years ago boys were taught to be self-dependent at any early age.

Principal Calkin, of the Normal School, being present was called upon. He said he came not to speak but learn. It was especially gratifying to see the medical profession discussing the building up of youth. The same course is provided for the clever and those who are not so, and so arranged to be well adapted for the average student. On an average in the whole eight grades, 90 per cent have passed. It is easier to criticize an existing system than to apply a better. In injudicious hands it might prove injurious, but when properly applied the present system is a good course. Through acquisition of knowledge the mind is developed, and here comes in the skill of the teacher.

Prof. McDonald, also of the Normal School, was next called upon. He remarked that taken as a whole there had been remarkable progress in education in Nova Scotia. Perhaps there are too many imperative subjects in the present course, and probably it would be better to have some more on the optional list. Towns more readily give large sums for the building of high schools and academies, which speaks well for the present system of higher education. Certainly to-day the boys are away ahead of those twenty years ago. It may be that there is too much pressure which he strongly believed. The medical profession is the best class to judge, so long as they do not go too far. Those engaged in the teaching profession, strange to say, are less thought of than those who are engaged in the mainly physical wants of the being. We are willing to learn from the medical profession and certainly it would be a guide to them at the next educational meeting.

Dr. W. S. Muir, in tendering the vote of thanks to the President, observed that one great fault with the present educational system, is that after going through both high schools and academies, many students cannot spell correctly, and when they begin to earn a living are usually totally unprepared.

The President thanked the audience for their expression of thanks.

Dr. T. R. Roddick M. P., of Montreal, being then called upon, thanked the committee for the honor of being requested to speak at this meeting. Dr. Roddick then spoke on the subject of "Dominion Registration" and carefully explained his scheme, which was published in the May issue of the NEWS. There is no intention to wipe out the provincial medical boards, but the province can say we wont allow any one to practise without a Dominion qualification. The Australians can go to Great Britain and register without an examination, while our men are debarred, which is unfair. The scheme proposed will raise the standard of medical education as high at least as the M. R. C. S. It would relieve the congestion that at present exists in some provinces. Between France and Germany they have a fifteen mile neutral line to allow either French or German doctors to practise, while in Canada a doctor runs a risk of being fined if he crosses an imaginary line between two provinces.

Dr. Carleton Jones, of Halifax, in moving a vote of thanks, said that it was a matter of great satisfaction that Dr. Roddick, the only colonial who ever presided as President of the British Medical Association, should spend hisvaluable time to better the profession in the Dominion. The only suggestion he had to make was that the Government grant a University of Canada whose M. D. would be recognized all over the world. It was a shame that the qualification of L. S. A. would permit a man to enter the army while a graduate from a school like McGill, which he considers one of the best schools existing, is debarred. He had much pleasure in proposing the vote of thanks, not only for Dr. Roddick's address, but also for his kindness in coming here to attend the meeting of the Medical Society of Nova Scotia.

Dr. A. P. Reid said he had much pleasure in seconding the motion. He thought Dr. Roddick's scheme the only practical one with the least friction. He would later propose a resolution that this Society approve of Dr. Roddick's endeavors to harmonize this question.

Dr. D. A. Campbell stated that no board had watched this movement more than the Nova Scotia Board to bring about its ratification. The first step was taken five years ago when reciprocity between the three provinces was passed, looking towards a wider scheme of reciprocity. All the suggestions made at Quebec afterwards were embodied in the New Medical Act of Nova Scotia. He believed Dr. Roddick's scheme will largely overcome the difficulties between Ontario and Quebec, but there may be trouble in making the colleges give up their charter rights. In the United States the standard of medical education has advanced, and the tendency is to have a central examining board. He thought that soon we will be able to obtain registration throughout the United States as well.

Dr. Roddick in receiving the vote of thanks tendered to him, thanked Drs. Jones and Reid for their kind remarks.

Dr. Carleton Jones followed with a paper on " Vaccination." He referred principally to the necessity of general vaccination throughout the province. Nova Scotia, he said, is altogether unprotected against small-pox to which she is very open, on account of her trade and commerce relations with countries where the disease is prevalent. He asserted that 90 per cent of the entire population of Nova Scotia, are not vaccinated. A thorough system of vaccination can only be carried on with a complete registration of births, which is lacking. He observed that when small-pox reached the province as a contagion, it would be too late to endeavor to protect the country by vaccination, and recommended that a scheme for registration of births and vaccination (compulsory) be formulated and presented to the government.

(To be concluded in our next issue.)

MARITIME MEDICAL ASSOCIATION.

The ninth annual meeting of the Maritime Medical Asssociation opened in the Legislative Assembly, Charlottetown, on Wednesday, July 12th, the President, Dr. R. Macneill, of Stanley Bridge, in the chair.

The Lieut-Governor of P. E. Island, Dr. P. A McIntyre, being introduced by the President, in a short speech welcomed the profession to Charlottetown, and gave all delegates and their lady friends a cordial invitation to the garden party at Government House that afternoon.

The minutes of last meeting were then read by the Secretary, Dr. G. M. Campbell, and passed without alteration.

Letters of regrét in not being able to be present were received from Drs. Roddick, Shepherd and Stewart, (Montreal), Warren, (Boston), Wyeth, (New York), Kelly,)Baltimore), and others.

The nominating committee was then appointed by the President as follows:—C. D. Murray, N. F. Cunningham and J. J. Cameron, for Nova Scotia; G. A. B. Addy, G. A. Hetherington and R. L. Botsford, for New Brunswick: James McLeod, James Warburton and F. F. Kelly, for P. E. Island.

Dr. T. D. Walker, the treasurer, being absent, his report was presented by the secretary.

On motion it was received and referred to Drs. G. A. B. Addy, of St. John and Jas. Ross, of Halifax, who were appointed auditors.

The President then read his interesting address on "Higher Medical Education." (This appears on page 223 of this issue.)

On motion, the address was referred to a committee consisting of Drs. G. A. B. Addy, J. J. Cameren, N. E. McKay and W. S. Muir.

Dr. T. G. Roddick, of Montreal, not being present to speak on "Dominion Medical Registration," Dr. John McMillan, ex-President of the Medical Society of Nova Scotia, was called upon. Dr. McMillan made a few remarks, referring chiefly to Dr. Roddick's address on this subject, which was published in the May issue of the NEWS.

Dr. Murdoch Chisholm, of Halifax, then read his paper on "Asthma and Its Treatment." This will be published in another issue.

Dr. Jas. McLeod, of Charlottetown, referred to Dr. Chisholm's interesting paper though he had not dwelt enough upon nose and throat affections as a cause of asthma—to suit these specialists at least. Dr. McLeod referred to the power of habit as for instance, hay fever. He mentioned a case in New York of a lady who saw a rose on a doctor's table and she was at once seized with an asthmatic attack. An artificial rose was substituted and next time she came another attack ensued. On being shown the rose was artificial the attack soon passed away. On another occasion a real rose was put on table without her knowing it to be genuine and no attack followed.

Dr. W. S. Muir, of Truro, congratulated Dr. Chisholm on his paper, being good and a very modest one. He had found nothing so good as potassium iodide, and for the attacks spraying of cocaine or the fumes of carbolic acid. He has seen asthma and exophthalmic goitre in the same families, and has sometimes found potassium iodide to help both.

Dr. F. P. Taylor, of Charlottetown, referred to Beaconsfield, who used hypodermics of morphia and atropine to prevent attacks of asthma, which were of renal origin. On one occasion before a banquet had started, Beaconsfield seemed to be acting very queerly and some of his friends thought him crazy. When the banquet begun, however, he was in good spirits and presided in a very able manner. Just before the banquet he had taken his hypodermic and was under the full influence of morphia.

Dr. Taylor once asked Dr. Ringer what was good for asthma and he mentioned a quack remedy known as Hemrod's Cure. Dr. Taylor remarked to him that it was not mentioned in his (Dr. R's.) text-book. "No," he replied, "but I buy it for my patients or else I might lose my two guinea fee."

Dr. J. J. Cameron, of Antigonish, referred to the causation of asthma. The fact of a towel wrung out in carbolic acid being useful to ward off attack might indicate the actual cause was a germ,—the cause of the inflammatory condition present at all events. In the way of treatment he had found a prescription of Janeways excellent. It consisted of:

R Potass iodidi .... ʒiii
Hoffman's anodyne .... ʒvi
Syr. pruni virg ad .... ℥iv
Sig.—ʒi every four hours.

Dr. W. F. Hamilton, of Montreal, expressed appreciation of Dr. Chisholm's paper. He referred to the use of belladonna in asthma, it being advocated recently by some writer. In his own experience potassium iodide, arsenic and pulv. ipecac co, were the most reliable remedies.

Dr. Chisholm, in replying, said that asthma was more than a nervous disease, and generally the cause is in the respiratory tract. Regarding Dr. McLeod's reference to his omitting some trouble in the nose as a causation, he (Dr. C.) had included it as part of the respiratory tract. One quack remedy which is put up in Buffalo did him much good. It contains potassium iodide, arsenic and cinchonidine. His idea was to cure the cases, and not be satisfied with relief alone.

AFTERNOON SESSION.—When the afternoon session was opened Dr. McMillan was called upon to give some remarks on Dominion Registration, as Dr. Roddick who was to speak on this subject was unavoidably absent. Dr. McMillan was sorry Dr. Roddick was not present so as to explain the matter fully, as he had done before the Medical Society of Nova Scotia. It would be a means of securing higher medical education, which would be a process of evolution. The greatest difficulties in the road Dr. Roddick considered have been removed.

Dr. McMillan then moved the following resolution:

Resolved, that the Maritime Medical Association in session at Charlottetown, P. E. I., incerely regrets the unavoidable absence of Dr. Roddick and begs leave to express the appreciation of his untiring efforts on behalf of Dominion Registration.

Also to tender to Dr. Roddick their unanimous support in his efforts to secure the same.

And that a copy of this resolution be forwarded to Dr. Roddick by the Secretary at his earliest convenience.

Dr. G. A. Hetherington, of St. John, had great pleasure in seconding the resolution. He stated that the Maritime Medical Association had been formed chiefly through the efforts of a St. John man—his modesty forbidding him mentioning the name, with the object of reciprocal registration in view. The motion was put and carried unanimously.

Dr. W. F. Hamilton, of Montreal, then read a paper on " Enteroptosis and its Relation to disease." This proved a very interesting paper and was well illustrated by diagrams of cases he had met with.

Dr. G. M. Campbell, of Halifax, followed with a paper on " Purulent Peritonitis," with report of a case.

Dr. Robert T. Morris, of New York, being called upon to discuss Dr. Campbell's paper, said he would allude to one or two points referred to. There are some cases in which digestive disturbances are present and not much pain, and yet are the subjects of infection. By careful palpation and other methods you could often diagnose intestinal mucus occlusion. General widespread purulent infection is not usually present in these cases on account of leucocytosis being present. Cases going on to widespread purulent infection generally are acute at the outset, starting at the site of appendix without warning.

Dr. Chisholm said he would like to hear what Dr. Morris would do in such a case as referred to by Dr. Campbell.

In reply Dr. Morris said he would make a small incision at the lower end of the abdomen. There he would likely find a collection of pus which he would attempt to destroy by an application of a fifteen volume solution of peroxide of hydrogen. He would avoid any attempt at prolonging the operation ; simply gross cleaning and destroying the chief collection of pus in the abdomen. It is surprising how rapidly a proportion of these cases will recover. A capillary drain of small proportions would be used, and a hygroscopic salt solution in the alimentary tract. Strychnine would be given and hot water bottles applied to the feet. He had heard at society meetings that these cases could not be saved. That the cases of recovery were not general peritoneal infection. He believes these ideas are hoodwink. The proportion of cases of recovery is much larger than many surgeons will admit. Nitrite of amyl will often stimulate the heart and then follow with strychnine. If we can get a "strychnine pulse" then we have a good chance to save the patient.

The meeting adjourned at four o'clock to attend the Garden Party at Government House. The doctors and their wives together with a large number of the lady and gentlemen residents of Charlottetown were hospitably received by Lieut-Governor and Mrs. McIntyre, and enjoyed the sweet music discoursed and refreshments provided. The weather was beautiful and the grounds proved an ideal spot for mutual enjoyment.

(To be concluded in our next issue)

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CANADIAN MEDICAL ASSOCIATION.

TORONTO, August 30th, 31st and Sept. 1st.

PAPERS, &c.

The President's address will be delivered on the evening of the first day by Irving H. Cameron.

The address in Surgery will be given by W. B. Coley, of New York.

The address in medicine, by J. T. Fotheringham, of Toronto.

In the Skin Clinic, G. Chambers and A. McPhedran, of Toronto and A. R. Robinson, of New York and others will take part.

The best method of dealing with the consumptive poor, E. J. Barrick, Toronto.

Floating kidney simulating disease of the ovaries and tubes, A. Lapthorn Smith, Montreal.

Observations on adenoids and enlarged tonsils and their removal, with notes of eighty cases in private and hospital practice, D. J. Gibb Wishart, Toronto.

The methods and ultimate results of operations for halux valgus, N. A. Powell, Toronto.

Report of a case of abdominal pregnancy, H Meek, London.

An experience in formaldehyde disinfection, F. Montizambert, Ottawa.

An enquiry into the etiology of chronic Bright's disease, A. G. Nicholls, Montreal.

Operations for extra-uterine gestation, H. H. Chown, Winnipeg.

Tuberculosis in cattle and its prevention, J. George Adami, Montreal.

The hospital room in each dwelling, W. J. Telfer, Montreal.

The treatment of spina bifida, Geo. A. Bingham, Toronto.

Complications and treatment of fracture of the skull, J. M. Elder, Montreal.

Recurrent paralysis of the third nerve (Charcot's ophthalmoplegic migraine), J. W. Sterling, Montreal.

Tuberculosis and insurance, J. Hunter, Toronto.

(*a*) Typhoid infection without intestinal lesion; (*b*) Gastroptosis, A. McPhedran, Toronto.

Some observations on the treatment of cancer, A. R. Robinson, New York.

Gall-badder surgery, J. F. W. Ross, Toronto.

Typhoid epidemics I have met, Wyatt Johnston, Montreal.

The treatment of cataract, R. A. Reeve, Toronto.

Christian science, J. H. Richardson, Toronto.

Anæsthesia by chloroform and ether, Wm. B. Jones, Rochester.

The treatment of the acute digestive disorders of infancy, A. R. Gordon, Toronto.

Rhinoliths, Hubert D. Hamilton, Montreal.

Observations on the relations of the thyroid gland to the uterus, C. R. Dickson, Toronto.

The question of operation on thyroid tumors, Geo. A. Peters, Toronto.

A case of malignant disease of the gall-bladder, simulating hydronephrosis (feeding through the gall-bladder for three days), F. N. G. Starr, Toronto.

Nepro-lithotomy, B. J. Riordan, Toronto.

Rinquinun, Graham Chambers, Toronto.

An original method for the direct estimation of proteid digestion in the stomach. A. L. Benedict, Buffalo.

Nephro-lithotomy, B. L. Riordan, Toronto.

The mastoid operation in chronic middle ear disease, J. M, MacCallum, Toronto.

Ringworm in Toronto, Graham Chambers, Toronto.

The Great Lakes as a health resort, E. H. Adams, Toronto.

A case sf subcutaneous emphysema, Frederick Fenton, Toronto.

Papers have also been promised by G. H. Burnham, Toronto, A. B. MacCallum and J. J. MacKenzie, of Toronto, and a number of others.

During the meeting T. G. Roddick, of Montreal, will address the association on the subject of Dominion Registration.

The pathological museum, in charge of a committee with A. Primrose as chairman, will add much to the interest of the meeting.

Through the kindness of the Honorable Minister of Education for Ontario, the building of the Education Department has been placed at the disposal of the Association, and in it the meeting will be held. This building is most centrally situated, as the Church Street cars pass the building, and the Yonge Street line is but one block away.

The programme will be of exceptional interest, and the very important subject of Inter-Provincial Registration will receive full discussion at this meeting.

A number of entertainments have been provided for, including a Reception and Musicale for members and their friends on the first evening; an afternoon tea at the Royal Canadian Yacht Club on the island; and other amusements.

The Association will be the guests of the City of Toronto on Thursday evening, when members and their friends are invited to attend a smoking concert on board one of the large Niagara steamers during a sail of a couple of hours on Lake Ontario, the pyrotechnic display at Exhibition Park will be witnessed from the deck of the vessel. On Friday afternoon the Association will be entertained by the President and Directors of the Toronto Industrial Exposition at Exhibition Park.

There will be an exhibition of instruments, drugs and physicians' supplies in connection with the meeting.

The committee of arrangements is making every possible effort to insure a successful meeting, and trusts that there will be a very large attendance. As the meeting is held during the first week of the Industrial Exposition, railway tickets to Toronto and return may be obtained at reduced rates, (single fare throughout Ontario.)

For further particulars address,

F. N. G. STARR,
Biological Department,
TORONTO.

* * *

SANMETTO IN GENITO-URINARY DISEASES AND AS A RE-BUILDER.—I have used sanmetto in a great number of genito-urinary diseases, also as a re-builder of strength throughout the genito-urinary tract, always with the happiest results. This is the first and only testimonial I have ever given in twenty years active practice of medicine.

Marion, Ind. G. H. ECKERT, M. D.

SOLAR HEAT.—Direct exposure to the sun's rays; employment in or living in hot and poorly ventilated offices, workshops or rooms, are among the most prolific cases of headache in summer-time, as well as of heat exhaustion and sun-stroke. For these headaches and for the nausea which often accompanies them antikamnia will be found to afford prompt relief and can be safely given. Insomnia from solar heat is readily overcome by one or two five grain antikamnia tablets at supper time, and again before retiring. If these conditions are partly dependent upon a disordered stomach, two five grain antikamnia tablets with fifteen or twenty drops of aromatic spirits of ammonia, well diluted are advisable. For the pain following sun or heat-stroke, antikamnia in doses of one or two tablets every two or three hours will produce the ease and rest necessary to complete recovery. As a preventive of and cure for nausea while travelling by railroad or steamboat, and for genuine *mal de mer* or sea sickness, antikamnia is unsurpassed and is recommended by the Surgeons of the White Star, Cunard and American Steamship Lines.

THE
MARITIME MEDICAL NEWS,
A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

Vol. XI. HALIFAX, N. S., AUGUST, 1899. No. 8.

Presidential Address.

THE PROGRESS OF MEDICINE AND SURGERY DURING THE LAST THIRD OF THE NINETEENTH CENTURY.*

By A. B. Atherton, M.D., L. R. C. P. & S., (Edin.)

In the closing years of the century, it is especially appropriate that we should review some of the work done by our profession and observe what advance has been made, and, as we do so, I think all will admit that we have no reason to feel ashamed nor fear comparison with other departments of science or art.

On the present occasion my attention will mainly be occupied with the last third of the century, during which I myself have been engaged in the active duties of medical and surgical practice.

We not infrequently hear the remark made by the laity that we do not seem to them to have made so much advance in our work as has taken place in other branches of knowledge. But we think there can be no doubt that such remarks arise from ignorance, and want of thought and observation, rather from any desire to do us an injustice.

The almost simultaneous discovery of the anæsthetic properties of chloroform by Sir James T. Simpson, and of ether by Dr. Morton, revolutionized the practice of surgery about the middle of the century. There are few of us left who can remember the horrors which must have attended the performance of serious operations in the days which preceded the use of anæsthetics. We can imagine, however, some of the scenes which occurred, the thought of which must have made both patient and surgeon shudder. But since the use of these agents all this painful experience of the operating-room is spared us, and with the patient lying unconscious our duties are rendered immeasurably more pleasant, and we can operate with much greater precision and care, largely because we are not obliged to hurry in order to shorten the sufferings of the patient.

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*Delivered before meeting of New Brunswick Medical Society, July, 1899.

The period with which we have more particularly to deal opens with the introduction of the antiseptic treatment of wounds by Lord Lister. It seems almost like an inspiration that we should conceive the idea that to germs existing in the atmosphere and not to the air itself (as was formerly supposed) the suppuration in fresh wounds was due, followed too often by the occurrence of septicæmia and pyæmia. I had the good fortune, in the winter of 1866-7, to see some of his first trials of antiseptic treatment in the wards of the Glasgow Infirmary. He was then using a paste made of carbolized oil and whitening spread on block tin. This was laid over fresh wounds and also used as a dressing for abscesses. Even these early crude attempts seemed to me to yield much better results than the older methods of treatment. Soon afterwards he introduced the carbolized gauze as a dressing. Then he followed with sal alembroth gauze. Finally after much experimentation he found the double cyanide of mercury and zinc gave still better results, and this I believe he now almost altogether uses. For a time salicylic cotton was a favorite with him, and it is still used by some, especially in wounds of the face where it makes a neat and useful dressing, its edges being stuck to the surrounding skin by collodion.

A number of other antiseptics, such as eucalyptus, iodoform, biniodide of mercury, aristol, etc., have been employed and are still used in the treatment of wounds, but in most cases we think that double cyanide gauze will be found the most satisfactory material for the purpose.

Many surgeons claim to get as good or even better results by what is called the "aseptic treatment." But even they employ antiseptics to get rid of the septic germs always found on the surface of the body, so that they cannot strictly apply the term "aseptic" to their mode of treatment.

No one acquainted with the facts of the case will, we think, hesitate to affirm that hundreds of thousands of useful lives have been saved during the last twenty-five years through the genius of Lord Lister. Then too the amount of pain suffered after surgical operations and serious injuries has been reduced to a tenth-part, at most of what had formally to be endured. It is no wonder then that the medical profession throughout the whole world have rejoiced greatly when the name of Lister had been honored, and especially when he was raised to the peerage. We believe that this is the first occasion in which a medical man has received such a distinction for purely scientific work in connection with the healing art, and surely if it were ever deserved it has been so in this instance. If those who have slain their thousands and tens of thousands are worthy of the highest praise and reward, is it not meet that one who has been the means of saving hundreds of thousands from death, and those and a much larger number from an immense amount of suffering, should receive the best gift which the nation can bestow ?

It is mainly because of this great discovery of Lister that surgical operations are now done upon almost every part of the human frame, and that with a boldness and confidence of success which were entirely unknown in pre-antiseptic days.

To Lister too, we are chiefly indebted for the use of absorbable ligatures, which have proved of great service in attaining healing by first intention.

About the same time that antiseptics were introduced another important forward step taken was the employment of the perforated rubber drainage tube by Chassaignac. This has yielded its best results in the treatment of abscesses, but it has also proved almost indispensable in fresh wounds of any great extent, especially in the deeper parts.

With the help of these three—anæsthesia, antiseptics, and drainage, the advance of surgery has been unprecedented during the last fifty years, and especially during the latter part of this period. Among the first successes attained was the removal of ovarian and uterine tumors. At first it was with fear and trembling that the great serous cavity of the peritonæum was opened, as formerly it was considered a most dangerous proceeding, but at the present time it is one of the simplest and safest. Many thousands of women have been saved during the last thirty years by the removal of ovarian tumors alone ; and at present the operation for fibroids of the uterus has become almost as safe and successful in making life more comfortable, and in saving from a lingering and more or less painful death.

Then again we find surgery stepping in to the aid of medicine in the treatment of that very frequent and dangerous disease, appendicitis. Many claim that it should be under the care of a surgeon from the start, as at any moment it may be considered desirable to resort to the knife to save the patient. It is only in recent years that we have been able even to diagnose this affection, which formerly was classed under the general name of peritonitis.

In addition to this we have made great advance in the diagnosis and treatment of various other abdominal diseases, such as tubercular peritonitis, acute or chronic intestinal obstruction, perforative peritonitis, gall stones, surgical diseases of the kidney, enlargements of the spleen, inflammatory affections of the tubes and ovaries, and tumors of all kinds and in all parts of the abdominal cavity. To the removal of the ovaries and uterus we have now added extirpation of the kidney and spleen as well as the excision of several feet of the intestine, and more recently the removal of the whole stomach.

One is inclined to ask if we have not reached the limit of our surgical procedures in the line of abdominal surgery at least, and some may be tempted to say that we have already exceeded the line of prudence, but time and experience must be left to settle the question. In any case we have great reason to be proud of what has been accomplished. In no other field of work has the surgeon scored so many triumphs as in this.

Turning our attention to another large cavity of the body, the chest, we find that until about thirty years ago, little or no attempt was made to meddle with its contents, unless forced to do so because of some injury received, and even then we were very careful in dealing with it. To the late H. I. Bowditch, of Harvard University, is due chiefly the credit of first advocating the tapping of the pleura for fluid effusions there. I well recollect the first operation I witnessed as done by him. In a few years this practice became almost universal, and now it is a frequent occurrence in the hands of all practitioners. To simple tapping was soon added a permanent opening for the more effectual treatment of purulent collections, and now even the lung itself is more or less successfully treated by incision for the drainage and cure of pus cavities there. The pericardium too is both tapped and drained for collections of serum or pus in it. Even the wall of the heart has been subjected to suture for wounds, and with some measure of success.

Dr. J. B. Murphy, of Chicago, claims that he obtains good results in tuberculosis of one lung by establishing a fistula in the chest so as to produce collapse of the lung and thus give it complete rest.

Again, careful and repeated experiments on the lower animals have afforded us such a knowledge of the functions of different parts of the brain that the surgeon has been enabled to diagnose and operate for the relief of many of its diseases. Abscesses, tumors, and traumatic epilepsy have all been treated with an encouraging degree of success.

And just here let us remark that the well established results of experiment and observation go to prove most conclusively the absurdity of the claims of the so-called phrenologists, who profess to make out all the various attributes of that organ.

Time would fail to tell of the many improvements in general surgery since the introduction of antiseptics. Suffice it to direct attention to a few. In my student days, and for some years afterwards, suppuration was the rule after all extensive wounds, whether accidental or made by the surgeon's knife. Amputations of the breast or limbs were thought to have done well if the parts were soundly healed in six weeks. If union by first intention was obtained, it was looked upon as little short of a miracle. And even then I have often heard non-professional men, persons of age and experience, remark that the wound must re-open and discharge before the patient would be thoroughly well. Too often their prognostication was indeed verified. Now all this is changed, and the surgeon is not satisfied with his work unless the wound heals with no suppuration, and the patient is fit to leave his care in half the time formerly required.

In the treatment of herniæ there has been great improvement. Instead of trying to avoid the opening of the peritonæum, that most dreaded cavity, we now treat ruptures altogether by that method, and the results we get both in operations for the radical cure, and in cases of strangulation, far surpass those of twenty or twenty-five years ago.

In fact all serious operations, such as excision of joints, wiring of ununited bones, ligature of large vessels for aneurysm, etc., are now undertaken with a certainty of prompt recovery that was unknown to us in former days.

The only other department of surgery to which we shall refer is that of diseases of women. Gynæcology, in fact, has been mainly a development of the last thirty years, and yet it has been the means of relieving many thousands of suffering women, who were required before that to endure as best they could a great deal of pain and discomfort. For various forms of displacement of the uterus the only relief afforded was the wearing of some form of pessary. But most cases are now practically cured by one or more of the various operations which have been devised for that purpose. Again extensive perineal lacerations are now repaired with almost uniform success, even though they involve the spincter ani and a part of the recto-vaginal septum. Emmet's operation for laceration of the cervix has always given excellent results both in relieving the suffering accompanying that condition, and also in preventing the growth of a carcinoma in the diseased part.

Turning now from the domain of surgery let us glance briefly at the progress which medicine has made in late years.

Standing out prominently we find the discovery of the germ theory of contagious diseases, and the more or less valuable results obtained from the study of their character, habits of life, mode of invasion, and their propagation in the human body. Although not as much success has been attained as we would like in the treatment of these germ diseases, still a good foundation has been laid and we hope that the future will yield an abundant harvest.

Our knowledge of many contagious diseases has been much increased by the discovery of the germs which produce them. Among these we may especially mention typhoid fever, diphtheria, tuberculosis, cholera, and the bubonic plague.

By a proper system of notification of diseases, and a careful investigation of the surroundings, together with an examination of the food and drink of the patients, we are often able to detect a cause for the occurrence of a typhoid epidemic, and by removing the cause bring the epidemic to an end.

Again, diphtheria has been robbed to a great extent of its terror through the use of antitoxic serum, manufactured by successive introductions of the virus into the blood of the horse. Although a few still have doubts as to the efficacy of this treatment, yet we think the good effects produced have been so universally attested to by competent and cautious observers that we can no longer fairly question them.

For many years before the discovery of the tubercle bacillus medical men were constantly disputing as to the identity of so-called scrofulous diseases and phthisis. Now, however, the matter has been forever set at rest by finding the bacillus present alike in all. And although the hopes once entertained from the use of Koch's tuberculin have not been realized, yet we think we have reason to expect that some similar but more effectual antidote will, before long, be discovered, for this widespread and serious disease. To former remedies for phthisis there has been added beechwood creasote, which has been of material assistance in its treatment ; also an outdoor life has been found beneficial, and is of late recommended highly by many of the best authorities. Much has been done in the prevention of the disease by the recognition of the fact that it is often spread through contagion, and we now take great care to disinfect and destroy the bacillus as found in the sputa of those affected. Also the milk and flesh of diseased cattle having been found to contain these germs, means are taken to avoid their use as food, or, by thorough boiling or cooking, to destroy the bacilli.

Mr. Haffkine has, during the last few years, demonstrated the possibility of preventing to a large extent the spread of cholera and the plague by successive inoculations of the virus of these diseases ; so that in the future we may expect to see but little of the terror and panic which have heretofore marked their appearance in a community His success has been such as to convince even the natives of India of the efficacy of the treatment; and while at first it was with great difficulty they could be got to submit themselves to the inoculations, they now flock in hundreds to have this done and are even willing to pay a fee for it.

Less than twenty years ago the great Pasteur conceived the idea of preventing the appearance of the symptoms of that exceedingly painful and fatal malady, hydrophobia. The period of incubation being one of many weeks, he found that by early and successive introductions of the virus of the disease as obtained from the spinal cord of affected rabbits he could at length use, with safety to the individual, a virus of great potency, and thus immunize the patient to the disease.

Tetanus and septic diseases, such as puerperal fever, ulcerative endocarditis, etc., are also now being treated by injections of antitoxic serums with some apparent success, and it is hoped that more certain results may be obtained in the near future.

In no department of medicine has greater activity been displayed than in the manufacture and use of new remedies. While many of them are of doubtful utility a goodly number have been added to our armamentarium which have proved of inestimable service.

About twenty-five years ago chloral hydrate was introduced as a calmative and hypnotic, and has held its ground fairly well in spite of the later soporifics which have appeared on the scene, such as paraldehyde, sulphonal, trional, etc.

Then came the suggestion by Lauder Brunton that by the use of nitrite of amyl we ought to relieve angina pectoris, because of its relaxing effects on the systematic vessels; and his theory was found to work out satisfactorily in practice. Soon afterwards nitroglycerine was employed for the same purpose, and has to a certain extent superseded the former medicine.

About the same time salicylic acid was recommended for acute rheumatism, and has proved by all odds the best remedy for that disease.

The derivatives from coal-tar have supplied us with a bewildering number of drugs, some of which have been more widely employed of late years than almost any other remedies in the pharmacopœia. Among these it must suffice to mention antipyrin, phenacetin, and antifebrin. One is at a loss to know how we could have got along in the treatment of the many epidemics of "la grippe" with which we have had to deal had we not these remedies to alleviate the pain and fever attending them. We very much fear however that the indiscriminate use of these by the laity for the relief of headache, etc., will ultimately lead to so much harm as to counterbalance the good done by their legitimate employment.

We must not forget to call to mind the new local anæsthetics obtained from the cocoa plant, namely, cocaine, eucaine, holocaine and orthoform. In operations on the eye, nose and throat they have proved simply invaluable. In minor operations of all kinds they have been largely used, and quite recently more important proceedings such as abdominal section, hernia operations, etc., have been undertaken with little or no feeling of pain through the hypodermic injection of eucaine, which has proved to be quite safe even in comparatively large doses.

Again, in the treatment of heart-disease, we have added several new remedies of more or less value. There are strophantus, convallaria and cactus. Furthermore, the use of strychnia has become very common in cases of heart-failure, and has been found very efficacious.

Inhalations of oxygen gas have been recently tried quite extensively in deficient aeration of the blood, especially as met with in some cases of severe pneumonia, and very often with the most gratifying results.

Time would fail us to enumerate, much less treat of, the numerous other new remedies which have been more or less made use of during the last twenty years. It must suffice to refer to the class of animal extracts which are now being extensively tested in the treatment of diseases of various organs of the body. The most reliable of these is probably that of thyroid gland, which has proved of the greatest benefit in myxœdema and cretinism. It is also considered useful, in the opinion of some, in insanity, obesity and other diseases. Extracts of the ovary, of the supra-renal capsules, and of the pituitary body are also on trial in the treatment of affections of these organs. An extract of bone marrow too has been given with some apparent success in obstinate cases of anæmia and leucocythæmia.

When we consider then the amount of labour and patient investigation which all these improvements in medicine and surgery involve, the most casual observer must, we think, admit that our profession has shewn no lack of activity in its efforts to advance the healing art. And furthermore we think it will, as we affirmed at the outset, bear favorable comparison with other departments of life in regard to the good results obtained.

Then too, as we advance in scientific knowledge, there will be less room for the various forms of quackery to flourish on the credulity of the general public. The clairvoyant, the magnet physician, and the osteopath will probably cease more and more to trouble us. Faith-cures, too, whether brought about by a belief in some supernatural interference or through Christian science, or through a reliance upon the efficacy of infinitesimal doses of drugs frequently repeated, will become less in demand as the educated physician displays a greater skill and capacity in dealing with the various ills which flesh is heir to. There will, however, always be a certain class of nervous diseases which will be more or less amenable to faith-cure, or to hypnotic suggestion, which latter means has been considerably employed of late by regular physicians, and with a fair degree of success.

Original Communications.

DISORDERS OF THE MENOPAUSE.*

By E. W. Cushing, M. D., Professor of Abdominal Surgery and Gynæcology, Tufts College Medical School, Boston, Mass.

In attempting to gain a clear idea of this subject we are compelled to eliminate the various superstitions and false interpretations which, from time immemorial, have gathered about it. We have therefore the popular view of the change of life and its disorders, which embraces all the miseries which may befall a woman no longer young, beginning to feel the burden of years, and probably broken in health by all the vicissitudes of her life.

> " But care, and sorrow and childbirth pain
> Left their traces on heart and brain."

All the organic diseases of various kinds begin to show their full effects at about the age of 45 to 50 years. If the woman is not sound in all organs, that is the time when she is apt to break down, and of course the laity say it is the change of life ; on the other hand, if there are no organic troubles, such symptoms do not develop, and the woman who was healthy before remains healthy, and so she is reputed to have passed safely through the change of life.

The same may be said of the various malignant diseases, which are prone to show themselves at about the time of the change of life. Whether a cancer of the uterus, or vagina or other organ come at the age of 40 or 60, the patient and her friends attribute it to the change of life, and if no such disease appear, she rejoices to have passed safely through that dreaded period.

Of course, looked at in a large way, there is an element of truth in the popular view ; that there is a climactery or critical period in the life of every individual of either sex, is a fact, the reason of which I have tried to indicate above. Briefly, the vitality with which we are born into the world is always diminishing ; the margin of reserve force is lessening ; and at an age, varying from 45 to 55 years, there is very little margin to draw on. This is not confined to women, however, for it is seen in the fact that men are not accepted for enlistment above the age of 45, and those of our readers who are sixty, and many who are not so old, will realize the fact of the grand climactery in men.

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* Read at meeting of Maritime Medical Association, Charlottetown, July, 1899.

Now in women the menopause, properly speaking, is only one feature of the change of life. The woman is no longer strong enough to bear and rear children, except in comparatively few cases. She has not the vitality to endure the continually recurring drain of menstruation, and so a kindly nature provides, or the inherited influence of environment has established the fact, that menstruation ceases at about the end of the ninth lustrum, varying much according to race and climate.

The disorders of the menopause then, are really only those which are in some way connected with the cessation of menstruation, and they are comparatively few and simple, while the disorders and miseries occurring at the period of the change of life or grand climactery, in either sex, but especially in women, are many and various, and often severe.

Of late years the frequency of operations for the removal of the ovaries has caused the subject of the sudden and artificial menopause to assume great importance, and, as its symptoms and its disorders can be studied apart from the symptoms of advancing age and progressive disease, much valuable light has been thrown on the question of the menopause proper, by studying the history of the symptoms following the post-operative menopause.

Among the afflictions which are customarily attributed to the menopause are the most varied nervous manifestations, and disturbances of temperament, and even of mental condition. But here also it is necessary to discriminate between what is due to the cessation of menstruation, and all the woes which begin to darken the life of so many middle-aged women. For, at this period of life, many women are profoundly unhappy, and not without reason. Beauty fades, they grow fat and gray, and feel their age in all their social relations. Children have grown up and no longer need the mother's care or obey her will, sexual feeling usually diminishes in a marked degree, and the unhappy woman learns that the husband who has been her life-companion is unfaithful to her, and gives his love and his money to some young woman. Or husbands die, or fail, and pecuniary troubles cloud the future, and embitter the present. Above all, there is the feeling that there is no proper sphere of activity left for the woman. She has no business, as a man has, to occupy her attention. She very probably has no interests which really engross her, and give her an aim in life. She is pushed by younger women out of positions in social life which she formerly held, and in general, as many a woman says, she has nothing to live for and wishes that she were dead. It is, indeed, a change of life; but it really has nothing to do with the menopause. Yet it is no wonder that at such a period many a woman's nervous system gives way, and she is profoundly wretched, hysterical, and despondent for a few years, until she gets used to her new relations with the world she lives in, and concludes to make the best of it, and acquires new interests, and settles down comfortably as an "old lady."

Returning then to the disorders of the menopause, we shall find that they are divisible into two classes:

I. Disorders of the circulation, (*a*) flashes, (*b*) flowing.

II. Disorders of the nervous system, (*a*) palpitations, (*b*) fainting, (*c*) hystero-neuroses, (*d*) psychic disturbances.

Besides these it is necessary to recognize, practically, a third division:

III. Complications, or disorders incident to the period of life during which the menopause occurs.

I. (*a*) To the first class belong the flashes or flushes, when the blood rushes suddenly to the surface of the body, particularly to the face and neck, causing a violent burning and tingling sensation and a high color, followed in a few minutes by a free and distressing perspiration. These phenomena are best observed in vigorous young women from whom the ovaries have been removed; for in them the flashes often come on within two or three weeks of the operation, and continue for several months, or even for over a year. They may recur as often as once in fifteen minutes, but generally the intervals are somewhat longer. After six or eight weeks the flashes become less frequent, without diminishing much in violence, and finally they diminish, both in frequency and intensity, until they cease to recur.

The following description of her sensations is written by a very intelligent young lady, from whom the tubes and ovaries were removed 18 months previously, for a small fibroid of the uterus, with retroversion and incarceration. The tumor in the uterus has diminished in size during the interval of time, and the uterus is held in proper position by ventrofixation.

"I am afflicted regularly with 'flashes' at intervals of from 40 to 50 minutes, day and night. They are sometimes preceded by slight faintness, or chill: then, again, with dizzy feeling, or slight headache. Can almost feel myself turning pale, when it seems that the blood is leaving every part of my body ; so noticeable is it that just previous to a ‘flash’ I have been asked : ‘Are you cold?’ ‘Are you faint?’ or ‘Are you ill?’ ”

“In a few seconds, however, a sort of resigned feeling unconsciously takes possession of me, when suddenly a wave of heat rushes over face, arms and upper part of body ; face and hands turn a most uncomfortable red color; soon the heart beats very hard, and I can almost hear it thumping. Soon beads of moisture begin to stand out on my forehead, chin, neck, at joining of lower and upper arms, and on bosom, after which the heat permeates the lower part of the body, to my toes.

“When a ‘flash’ is preceded by drowsiness, for some few seconds I can scarcely keep my eyes open—seem to be in a dream, and arms and legs feel heavy. When preceded by a chill, hands and feet feel cold. Always before ‘flash’ my throat feels parched, and I am thirsty. ‘Flashes’ seem to be more severe after a hearty meal.”

In the physiological menopause the same flashes are observed, although usually with much less violence, and they are apt to last rather longer, sometimes for two years or more. Although these are usually classified as disturbances of the circulation, they are properly nervous phenomena. The vascular system merely responds to the stimulus which causes blushing under emotion and is not in itself disordered at all. The whole subject, therefore, might be included properly under II.

(*b*) Perhaps the same might be said about the sudden attacks of hemorrhage which sometimes occur at about the time of the menopause, just as they do at puberty, and, indeed, occasionally at all periods of the sexual life of woman.

So many cases have been reported that it must be admitted that such hemorrhages really occur at the menopause, merely as a result of vaso-motor disturbances, and without any appreciable disease of the uterus.

Nevertheless a vigilant and painstaking scepticism should be the rule, for usually some complication will be found, which will account for the hemorrhages, especially if they are repeated, and recur at intervals covering a considerable space of time. The apathy and credulity with which the women attribute these hemorrhages to the change of life are only the result of the false teaching of the profession in previous times, when the pathology of uterine disease was not understood. Many a valuable life is lost because flowing at this time is attributed to the change of life, when really there is grave organic disease present and progressing.

II. (*a*) (*b*) The symptoms of palpitation of the heart, and of attacks of syncope, from which women suffer at the time of the climactery, are quite similar both in kind and degree to those with which a certain proportion of women of all ages are troubled. The only feature which is peculiar to the change of life is that women are often affected with these symptoms at that period, who have not been troubled in this way during their previous years, and who certainly have no organic lesion of the heart. Like the flushing and the flowing mentioned above, these symptoms therefore are to be understood as disturbances of regulation, not as disease. The governors of the engine fail to act properly, and the machine "races" or slows down unduly; luckily it never stops altogether.

II. (*c*) (*d*) Likewise in regard to the hystero-neuroses and the psychic disturbances incident to the menopause, they do not differ at all from those which affect nervous and hysterical women at other periods of their lives, the only peculiarity is that they sometimes attack women who have always been free from such troubles.

It will not therefore be necessary or profitable here to describe the various symptoms and varieties of hysterical and hysterico-neurotic disturbances, the alterations in temper and temperament, ranging all the way from caprice to melancholy, which may affect women at this change of their lives.

What is desirable to know is why these disturbances should affect some women at this time, and not others, and whether anything can be done to relieve them. Now it is evident that at the menopause we have to do with two processes, one the cessation of function of the ovaries and of the menstruation, which is the accompaniment of such function; the other is the involution of the uterus, which goes on, or should go on, *pari passu* with the diminution of ovarian activity. In listening to the histories of women who suffered with hysterical and nervous troubles at the menopause, I long ago observed the similarity of their symptoms to those of women who suffered with hyper-involution, or from originally insufficient development of the uterus. Careful study of individual cases led me to believe that the disturbances of the menopause are largely due to want of proper relation in time or in amount between the diminution of functional activity and the involution of the ovaries, and of the uterus, respectively.

When the function of the ovaries ceases too suddenly for the uterus, or, what has the same result, when owing to congestion, endometritis, polyp, little fibroid, or other cause, the uterus cannot undergo involution when it gets its orders to do so from the ovary, then there are flashes and flowings perhaps, and in general such a strain of symptoms as is now so well known in cases of surgical removal of the ovaries.

When, on the other hand, the uterus feels its age, or is exhausted, sooner than the ovary; when it would like to give up active duty and be put on the retired list, but cannot get permission to do so from the ovary, which keeps on stimulating it to continue menstruation, then a set of symptoms come on similar to those which are only too well known in cases of hyper-involution of the uterus after childbed or prolonged lactation or exhausting diseases; or, again, similar to the sufferings in cases of undeveloped uterus, where after puberty the infantile condition of that organ remains, while the ovaries develop fully.

Headaches, nervousness, hysterical manifestations of all kinds, depression of spirits, change of temperament always for the worse, even real melancholy and insanity; such are the woes which are added to the unpleasant conditions inseparable from this age, and referred to in the beginning of this article. It is little to be wondered at then that the change of life is dreaded by women, and when they begin to suffer from the last set of symptoms they anxiously await the time when the kindly compensations of nature shall have set the whole sexual system at rest, and when they shall have learned to look out benevolently on the world in their new character of "old ladies." What trials, what heartburnings, what struggles with vanity, social ambitions, and all the feelings inherent in the nature of women, what tragedies in the realm of material relations, not to speak of "envy, hatred, and malice and all uncharitableness" as the next generation of women come to the front and take possession of the world, what mental and moral sufferings, in short, are intermingled with the physical miseries of those few years of the change of life, few know, except the sufferers themselves, and those who know seldom say much about a subject which is so confidential and delicate.

III. It remains to consider the complications, or diseases incident to the time of life at which the menopause occurs, for it is the frequent occurrence of these diseases, which has caused the change of life to be dreaded, and to be looked upon as a serious crisis.

Of course in all cases where a patient comes under the care of the physician at this age, perhaps more than at others, it is important to make sure that the heart and kidneys are free from organic disease. This is the period when these organs are apt to give out, in either sex, and the vigilant physician is on the watch for the symptoms of cardiac, or of renal, trouble or of glycosuria.

Of the diseases more closely connected with the genital system, first in importance, first in gravity, and most serious if neglected is cancer of the uterus, or of the vagina. This is not the place to go into the symptoms or treatment of this formidable complication; it is only necessary to insist that in all cases of undue or irregular flowing it is absolutely necessary to make a thorough local examination, for in a large proportion of cases the cause of the trouble will be found to be a cancer. In this matter the knowledge and care of this generation of physicians must undo the mischief that has been wrought by the false teaching of previous generations; the errors and strange beliefs of the laity are only the doctrines which were taught in good faith by our predecessors in the profession, who knew little or nothing of the early symptoms of cancer of the uterus, and held that irregular hemorrhages were natural to the change of life, but that this was an evil period when cancers were liable finally to develop.

Then came another generation who recognized "ulcers" of the uterus, which were diligently "treated," but who stubbornly refused to admit to themselves or the patients that the intractable bleeding ulcers were cancerous, until the disease was far advanced. Unhappily the world is full to-day of just such half-ignorant, half-stupid practitioners, who make their patients throw away their only chance of rescue, prolonging fussy and unavailing treatment until no radical measures can be taken.

On the other hand there are certain axioms which must be the guide of the modern practitioner, and through him of a laity better enlightened than in previous times. These rules are:

1st. All irregular or profuse hemorrhages about the period of the change of life are suspicious; they therefore require immediate, thorough and competent examination.

2nd. All cases of incipient cancer of the uterus are easily diagnosticated by competent examiners, by the aid of the curette and microscope in doubtful cases, but usually by the presence and character of an ulcer.

3rd. All cases of cancer of the uterus in the early stages are susceptible of complete romoval by total hysterectomy, with less than two per cent of mortality in competent hands. There is, in fact, no organ of the body where cancer can be so totally and widely removed as the uterus.

4th. A large proportion, probably a large majority of cases where total extirpation of the uterus for cancer is performed early, quite early, never have relapse or recurrence in the scar or elsewhere. They are saved, and they enjoy not only life but the best of health.

May the day soon come when these simple facts are not only believed but acted on, and when consultants will not have to deplore the valuable lives sacrificed by a mixture of ignorance, incompetence and laziness!

The condition which, next after cancer, is the most frequent in cases of hemorrhage at the menopause is that where the uterus contains fibroid polypi in its cavity, or fibroid tumors of various sizes in its walls. Or there may be polypoid growths in the uterine cavity which are not fibroid but of ordinary mucous and glandular type, yet all these may produce frequent hemorrhages, which reduce the strength of the patient very much. I have repeatedly removed such growths from women between forty-five and fifty-five years, who had suffered from profuse flowing for long periods under the impression that it was a natural accompaniment of the change of life, and that nothing could or should be done to relieve it.

Of special importance is the condition of adenoma of the uterus, which attacks women of this age, often after they have ceased to menstruate entirely, and, coming on with the symptoms of a simple hypertrophic endometritis, is perhaps treated by curetting, and apparently cured for some months, when the hemorrhages commence again, and unless hysterectomy is performed the disease gradually but inevitably passes into cancer of the body of the uterus. The diagnosis is easily made on the first curettement, by the abundance and microscopical character of the pieces of tissue which are removed, and as soon as the diagnosis is made hysterectomy should be performed.

Simple endometritis, with more or less thickening of the mucous membrane, is very frequent at the time of the menopause, and it tends to delay the cessation of the menses, especially if there is any polypoid formation as above mentioned. It is easily cured by curettement and application of strong solution of iodine and carbolic acid, or of peroxide of hydrogen, to the uterine cavity. At the same time any raw surfaces at the angles of the os uteri, the result of an old laceration, should be carefully repaired, for it is precisely in these neglected lacerations that cancer is so prone to develop. We have to consider next the case where there is no undue hemorrhage, but, on the contrary, the menstruation either ceases, or is very scanty, and the menopause thus occurring is accompanied with nervous symptoms, hot flashes, or even severe hystero-neuroses. A local examination is also important in these cases; often some uterine trouble will be found to account for the symptoms; sometimes the uterus is retroverted, heavy and sensitive; sometimes it is apparently normal in size and position, but it is tender on pressure, and if a sound is passed into it the endometrium of the fundus is found to be extremely sensitive, and perhaps thickened. In both classes of cases appropriate treatment, by replacement and support, if necessary, and by dilatation of the cervix, and applications of carbolic acid or peroxide of hydrogen to the endometrium, will usually have the happiest results.

In regard to the nervous symptoms great caution should be used not to commence a course of treatment with narcotics, which is apt to have disastrous consequences. If all local trouble has been diagnosticated and cured, and nervous symptoms still exist, attention should be paid to the general condition mentioned above. A kindly word and a little consolation will often go farther than medicine. Where the circumstances of the patient permit it, change of scene particularly foreign travel, is of the greatest advantage. Anything that will give the woman an interest in life and take her thoughts off herself is distinctly beneficial. Finally kindly nature comes to the rescue, and the tincture of Time, that mightiest of remedies, gently leads the sufferer out of the miseries of the change of life into the quiet and peaceful period of elderly existence.

THE
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Editorial.

THE CARE OF THE TUBERCULOUS.

The recent meeting of the International Congress on Tuberculosis at Berlin has served to awaken a very wide spread interest in this extremely important subject, and there can be little doubt that the publicity given to the hopeful sentiments expressed at this notable meeting by men of the highest standing in our profession will do much towards popularizing the doctrine, which the News has for long advocated, of state control in tuberculosis. We look forward eagerly to the publication of the report of our Canadian delegate, Dr. Farrell, as we feel certain that he will take ground which will materially strengthen us in our contention that definite action towards something in the line of preventative measures should not be longer delayed.

Certain points brought out at the Berlin Congress strike us with particular force. The ease with which the disease is transmitted, and the ease with which this transmission could be stopped ; the hopefulness of the curability of the malady, and the simplicity of the treatment—these are matters which should be dwelt upon and impressed upon everyone. A vigorous educational campaign is necessary, and with such a text our Provincial Board of Health should be able to supply literature to our people which could not but do a vast deal of good.

A very evident fact is that a successful attack upon tuberculosis must be general, and made simultaneously in all quarters of the globe. The governments must take a hand in the matter, and, by adopting a definite plan of action, wage a war which will assuredly result successfully if the forces are but properly officered, and the attack sustained for a sufficient time. Why should not Canada take the initiative and arrange with the other nations to attempt an effective campaign? There is but one reason, the question of expense. Should the cost be considered in dollars and cents only? Is there no money value attached to human life? Do not lives saved mean money saved? Why should not the question of the public health be looked at from the economic point of view? Who can say what expenditure in the interests of the health of the people constitutes extravagance?

In the matter of the public health, Canada is not interested in the health of the people of Canada alone; the health of every nation is a matter of vital interest to her. So that, out of loyalty to herself, she is bound to do all in her power to increase the healthfulness of the world at large. We therefore feel that, as a measure of self defence, a generous provision of money for the purpose of organizing a universal attack upon tuberculosis would be perfectly justifiable, and would receive the support of the intelligent voters of Canada.

But while feeling that absolute success depends upon universal effort, we are obliged to admit that much can be accomplished by localities and even by individuals. A certain measure of responsibility falls upon everyone. and he who shirks that responsibility is guilty of a grievous fault. The public at large should know this. The simple preventative measures should be made familiar to everyone. And the duty of those in comfortable circumstances to their less fortunate fellow men is a duty which it is but self defence to perform. Every possible means should be adopted to prevent the spread of the disease. Every possible means should be adopted to save the lives of those who have fallen victims to it. Let proper sanatoria be at once instituted. In this the government *must* assist—must take the initiative. Why should there be longer delay?

Society Meetings.

MEDICAL SOCIETY OF NOVA SCOTIA.

(Concluded from last issue.)

THURSDAY, JULY 6TH, 1899.

The first business at the morning session was the report of the nominating committee which was submitted by Dr. D. A. Campbell and adopted as follows:

President, - - - - -	Dr. D. McIntosh, Pugwash.
First Vice-President, -	Dr. C. A. Webster, Yarmouth.
Second Vice-President, -	Dr. F. S. Yorston, Truro.
Secretary-Treasurer, - -	Dr. W. S. Muir, Truro.

Committee on Medicine :—Drs. M. A. B. Smith (Dartmouth), S. L. Walker (Truro), H. H. McKay (New Glasgow), F. W. Goodwin (Halifax), M. E. Armstrong (Bridgetown).

Committee on Surgery :—Drs. J. W. McKay (New Glasgow), C. A. S. McQueen (Amherst), Jas. Ross (Halifax), A. R. Andrews (Middleton), C. P. Bissett (St. Peters).

Committee on Obstetrics :—Drs. W. Rockwell (River Hebert), E. J, Elderkin (Weymouth Bridge), H. V. Kent (Truro), G. C. Jones (Halifax), J. J. Cameron (Antigonish).

Committee on Therapeutics :—Drs. M. Chisholm (Halifax), R. Cox (Upper Stewiacke), Bret Black (Windsor), E. D. McLean (Shubenacadie), M. D. McKenzie (Parrsboro.)

Committee on Sanitation :—Drs. A. P. Reid (Middleton), A. S. Kendall (Sydney), C. D. Murray (Halifax), D. N. Morrison (Oxford). A. Love (Bridgeville).

A discussion on Dr. Jones' paper on Vaccination then followed.

Dr. T. G. Roddick believed the necessity of vaccination in Quebec was learned by experience and probably Nova Scotia will also. He would recommend a straight compulsory law and birth registration carried out. Statistics should be carefully prepared in the different provinces in addition to bringing up the matter before the local legislature. It is a very important subject and there should be a full discussion.

Dr. A. P. Reid thought a committee should be appointed to consider the matter.

Dr. Jones regretted that there should be any discussion on this question. It was a reflection on this society to have nothing done. He intended to ask for a committee but now hesitated to do so.

Dr. W. Rockwell thought Dr. Jones was mistaken. Drs. Jones and Roddick had covered the ground and there was no reason why a committee should not be appointed.

The President suggested that a committee of enthusiastic men should be appointed to deal with this subject and also other matters brought to the attention of the meeting.

Dr. H. H. McKay thought the matter should be pushed.

Dr. Jones said he wrote a letter to the society two years ago and it had been shelved.

Dr. D. A. Campbell remarked that Dr. Jones should not be weary in well doing. Dr. Jones has deeply interested himself in this matter and succeeded in getting compulsory vaccination passed in Halifax. Unfortunately nothing has been done to enforce this law and it would be well to know what obstacles are in the road.

Dr. W. S. Muir stated he read Dr. Jones' resolutions at Pictou and they were not shelved, being recorded in the minutes. Any opposition there was came from Halifax physicians.

Dr. Jones said that the law in Halifax could not be enforced on account of the conscience clause in the law. The chief reason is we have no registration of births. Another reason is, the board of health and city medical officer of Halifax do not want the rules carried out. If a medical officer was elected by different municipalities, he thinks the the law could be enforced.

The conscience clause (here quoted) he advised to be left out entirely.

The President thought the society was unanimous on the subject, the only trouble was appointing a suitable committee.

Dr. Jones then gave notice of motion that at the afternoon session he would move that this matter and others should be referred to a parliamentary standing committee.

Dr. Reid said he would have great pleasure in seconding the motion.

Dr. Jas. Ross, of Halifax, then read a paper on "Prostatic Affections in Young Men."

A paper by Dr. W. G. Putman, of Yarmouth, on "Sporadic Cretinism" was read by Dr. C. A. Webster, a photograph of the case being shown.

Dr. G. Gordon Campbell, of Montreal, followed with his paper on "Sporadic Cretinism" with report of cases, photographs showing result of treatment being exhibited.

Dr. W. H. Hattie, Superintendent of N. S. Hospital for the Insane, then read his paper on "Internal Secretion."

Dr. J. H. McKay, of Truro, exhibited a girl whose scalp had been completely torn off by a windmill and replaced two hours after the accident. Some portions of the scalp lived, the dead portions being afterwards removed.

The discussion on the papers read then took place.

Dr. C. A. Webster referred to a case of cretinism living in Yarmouth, who was ten years of age but only looked about five. He was a good mimic, could understand what was said but could not speak himself. He was put on thyroid for a year, but there was no benefit from treatment. Dr. Webster wondered if the age had anything to do with the unimprovement.

Dr. F. F. Eaton mentioned a case he had seen in London which was as old as the case referred to by Dr. Webster, and he had greatly improved under treatment.

Dr. G. C. Jones thought thyroid extract was used indiscriminately when other remedies had failed. He believed it capable of doing much harm. A case was related in which it had a marked effect on the mental condition of a certain lady, who developed into an uninteresting personage, having formerly been an intelligent woman. On giving up the drug she became bright again and also very stout, the thyroid having reduced her weight very much when taking it.

Dr. W. S. Muir said no case gave a physician more credit than one of myxœdema under thyroid treatment. Dr. Muir spoke of one case where thyroid alone did not do much good till phosphate of potassium was given with it, as pointed out by Kocher. You must not push thyroid without watching the heart, syncope being apt to follow. He never could give more than four or five grains of thyroid for a dose. Insane patients will often stand fifteen grains or more. One should sometimes be able to make out a diagnosis by giving thyroid.

Dr. D. A. Campbell stated that he had used thyroid in psoriasis and ichthyosis. He had obtained good results in many of the former but only transient improvement in the latter. Had obtained no benefit from thyroid in exophthalmic goitre.

Afternoon Session.—The discussion on papers read was continued.

Dr. G. Gordon Campbell was much interested in Dr. Hattie's paper. He had tried thyroid in other diseases besides cretinism, particularly psoriasis. Had also used salicylate of sodium in psoriasis with good results in some, and none in others. With regard to Dr. Webster's case it would be doubtful if the diagnosis were really sporadic cretinism or not.

Dr. Hattie, in replying, stated that he had had considerable experience with thyroid and had been generally disappointed with it. Had seen one corpulent epileptic lose thirty pounds in weight but no effect on the epilepsy. It was pushed as far as possible but not able to reach more than six grains three times daily, and then patient had to be put to bed and given strychnine or other heart tonics. In exophthalmic goitre thyroid would seem to be contraindicated. In removing a part of the gland in this disease, the remaining portion enlarges, there seeming to be an increase of secretion.

Dr. Jas. Ross referred to thyroid extract in psoriasis and ichthyosis. The trouble is one never can tell in which cases of psoriasis thyroid will do good. In a case of ichthyosis recently treated thyroid did good in a short time but had heard since, that the condition returned after thyroid had been stopped.

The President said the causes of psoriasis were varied and that was why we had so many failures in treatment.

The Society then appointed the following as members on the Nova Scotia Medical Board :

Dr. C. A. Webster	Yarmouth,
" Wm. Tobin	Halifax,
" D. A. Campbell	"
" M. A. B. Smith	Dartmouth,
" John Stewart	Halifax,
" J. F. Black	"

The discussion on "Dyspepsia, Acute and Chronic," was opened by Dr. M. A. B. Smith, of Dartmouth, who read a valuable paper on the subject. (This will be published in full in a subsequent issue.)

Dr. F. S. Yorston referred to the fact that the larger part of the digestive process goes on in the intestine. It is well to examine patient stripped, palpate, noticing movement of the stomach and intestine if this can be done. In this way too we may detect anything like a malignant growth. In the absence of the small bucket, an easy method to empty the stomach is to place patient on the left side and make sudden pressure over region of the stomach. In the treatment of acute dyspepsia it is necessary to secure rest of the stomach and removal of the cause. Stimulating secretion of gastric juice by an alkali given fifteen or twenty minutes before eating is often of value. Intestinal indigestion is often associated with stomach indigestion, and bowel usually needs treatment also. It is well to keep the intestinal tract free.

Dr. G. Gordon Campbell said that dyspepsia refers to many conditions. The commonest forms are acute and gastric catarrh. Remember the three functions of the stomach—secretion, absorption and motion, and find which are at fault. The silver bucket sometimes proves too small; then can use a soft tube. Contents may readily be expressed through the tube by putting patient on left side and pressing over stomach. Hyperacidity from hydrochloric acid is very rare, being generally due to organic acids. The condition of the teeth, cooking of the food, etc., must be considered. Giving hydrochloric acid very largely diluted in three doses at intervals of fifteen minutes after meals, where flatulence is present, is good treatment. The treatment by pepsin is overdone.

Dr. A. Halliday referred to experiments performed on himself for treatment of migraine. He always finds his amount of hydrochloric acid below normal. In the prophylaxis of dyspepsia it is well to limit the amount of food, especially when tired. Forty winks before meals, when tired, is better than forty winks after meals. It is very important to keep the bowels free.

Dr. Smith, in closing, said that the gastric juice taken out by the bucket may be diluted, so that a few drops are sufficient for a test. He agreed with Dr. Campbell that hydrochloric acid is the best antiseptic.

Dr. J. W. McKay, of New Glasgow, read the history of a very interesting case of "Abscess of the Lung, Operation—Recovery."

Dr. W. Rockwell, of River Hebert, followed with "Notes of two Obstetrical Cases."

Dr. A. P. Reid found opium to be a good uterine stimulant when there was inertia. He would try it first and if it did not succeed he would not hesitate about using ergot.

Dr. D. McIntosh formerly used ergot before delivery and retention of placenta resulted. He now never gives it until completion of labor.

Dr. E. J. Elderkin had the same experience as Dr. McIntosh. He has almost entirely given up the use of ergot. Lately he has given strychnia in inertia and sometimes quinine with it. After delivery he sometimes uses ergot but finds little benefit from administration by the mouth.

Dr. W. S. Muir referred to his first experience with Attfield's treatment. He thinks that ergot by the mouth really increases inertia post-partum, and what good it may do is by making patient sick at the stomach. He rarely uses ergot except hypodermically and never till after completion of the third stage. He again protested against the indiscriminate use of the forceps.

The President stated when in doubt as to whether pains are genuine labor pains or not, he uses opium. He rarely uses ergot and never till end of third stage.

Dr. W. S. Muir then read an interesting paper, the title being "Typhoid, Tuberculosis, Pregnancy of the Primiparæ. Which?" Troubles in diagnosis were referred to and cases related. One case was diagnosed "walking typhoid" by the first physician. Patient did not make a good recovery. When Dr. Muir first saw him he had a temperature of 104°, with endocarditis and effusion into the pleura and abdomen. A consultant was called who thought that the kidneys were affected, but this was not so. Patient had been an athlete. Dr. G. Gordon Campbell saw him and thought acute dilatation of the heart was present. Patient improved somewhat but later developed bad symptoms and died, the cause being tuberculosis.

Speaking of typhoid, Dr. Muir said no one can "break up" typhoid. He thinks too much stress is attached to spread of typhoid through water; many cases of it are distributed through milk which is sent in unclean cans.

Dr. Roddick asked Dr. Muir if the milk might not have been diluted with water.

The President stated that cases develop in Pictou especially when there has been little rain and the wells are low.

The following resolution was moved by Dr. G. C. Jones; seconded by Dr. A. P. Reid, and passed unanimously:

"*Whereas*, it is advisable that legislation should be secured to establish a system of compulsory vaccination in this province, and in order to carry out the same a system of registration of births should be secured; and also to obtain legislation in other matters pertaining to the profession and also matters of public health. *Therefore resolved:* That a standing committee be appointed to secure such legislation, which committee shall report at each annual meeting."

This standing committee is to deal with all matters that may arise in the Society pertaining to legislation, like the Parliamentary Bills Committee of the British Medical Association.

The following were appointed on the committee :—Drs. G. C. Jones, J. F. Black, D. A. Campbell, Halifax; Dr. A. P. Reid, Middleton; Dr. A. S. Kendall, Sydney.

Dr. A. P. Reid moved and Dr. Jones seconded, which was unanimously carried, the following resolution :

> "That having heard Dr. Roddick's explanation as to the carrying out of Dominion Registration, this Society is fully in accord therewith, and will, as far as in their power, assist in carrying out the scheme."

Dr. M. A. B. Smith called the attention of the Society to the changes in the British Pharmacopœia.

Dr. Roddick here stated that he had a bill passed in the Dominion Parliament that no druggist should use the old Pharmacopœia, which bill will soon be published.

EVENING SESSION.—The discussion on "Tetanus" was opened by Dr. Roddick, who kindly consented to open the subject in the absence of Dr. MacKeen. Dr. Roddick referred to recent discoveries, the causes and treatment. The treatment now adopted should be a nail brush used freely, remove all torn tissue, and if in doubt apply pure carbolic acid. Splints should be put on if near a joint. It is better to leave the dressing on for several days and well to use the anti-tetanic serum. Chloral from the first is good and should be used.

Dr. J. W. McKay said that he could not add anything to what Dr. Roddick had said.

The President reported a case which recovered with the use of chloral.

Dr. J. C. McDougall referred to two cases, both of which died.

Dr. A. P. Reid stated that he had seen a number of cases, none of whom died. One case was contracted from another in the next bed.

Dr. H. H. McKay questioned the last statement of Dr. Reid.

Dr. M. A. B. Smith spoke of a surgical case treated by Bond, a "cancer curer," in which tetanus developed.

Dr. D. McIntosh said it was a question whether tetanus could develop without a wound.

Dr. C. A. Webster mentioned a case which followed a gun-shot wound and death ensued.

Dr. Roddick, in closing the discussion, said it is doubtful if tetanus is ever idiopathic. It is propably like erysipelas—not idiopathic.

Dr. J. C. McDougall, brought up the matter of travelling opticians. He read from the *Philadelphia Medical News* an interesting article on this subject, in which was mentioned a clause in the law of New Jersey which debars these men from prescribing glasses. Another matter was "Christain Scientists" who attempt to treat cases. He would like to hear opinions on these matters.

The President referred to the committee already appointed who might deal with these questions.

It was moved, seconded and passed, that the items spoken of be referred to the Parliamentary bills committee.

A vote of thanks was extended to Principal Calkin and others for the use of the Normal School building.

A vote of thanks was also extended to Dr. Roddick, for honoring the Society with his presence.

Dr. Roddick thanked the meeting heartily for the vote extended to him. He considered this Society considerably above the average and the discussions and papers of much value, and also hopes to soon again have the pleasure of attending the Medical Society of Nova Scotia.

Dr. A. P. Reid wished to express the thanks of the visitors to the members of Colchester County for the kindness shown, which was seconded and passed unanimously.

Votes of thanks were also extended to the President for the able manner in which he had presided, and to Dr. W. S. Muir for the great amount of work done by him as Secretary of the Society.

THE BANQUET.

The 31st annual meeting of the Nova Scotia Medical Society was brought to a close July 6th, by a grand complimentary dinner by the resident medical men of Truro, to the visiting members of the society, at the Learment hotel. Dinner was served at 9 o'clock, and some 50 persons sat down to one of the best banquets that the Learment, noted for its good cuisine, has ever given. It was probably the most succesful dinner given in the history of the Medical Society.

Dr. D. H. Muir made a good chairman, and in most appropriate words introduced the toast list of the evening. On the chairman's right sat Dr. Roddick, Professor of Surgery at McGill University, and on his left, Dr. McMillan, the retiring President of the Medical Society of Nova Scotia.

Among the guests were Dr. Roddick, Hon. F. A. Laurence, Principal Calkin and Professor McDonald.

An orchestra from the Citizen's Band, discoursed sweet music, and did so well, that a vote of thanks by the banqueters was unanimously tendered to them.

The following was the toast list:

The Queen,—from the Chair, responded to by all singing "God Save the Queen."

The Governor General, Lieut. Governor, etc.—response by a fine rendering of "The Maple Leaf Forever."

"Dominion and Local Parliaments"—proposed by Dr. Reid, who said that as Parliament had control of the people's health, it was the duty of those present to see that the members of the Local House, read at least the Bible, which is considered one of the best authorities on sanitation.

Dr. Roddick, M. P., responded on behalf of the Dominion House. He could not help contrasting the town and hotel of 30 years ago, when he was in Truro, and that at the present time. He told reminiscences of his school days in Truro, and the start in medicine given him by the late Dr. Samuel Muir. He then explained how he first became a member of parliament. He only entered public life after Sir Charles Tupper promised to assist him in a scheme of Dominion Registration, and to bring into confederation, if possible, his native island, Newfoundland. He thought that medical practitioners should never enter politics until they had reached mature years, when undoubtedly there was a place for them which could only be filled by medical men, especially in dealing with such important measures as sanitation, vaccination, prevention of tuberculosis, etc. At the same time he believed that they should not be on the same level as the ordinary politician, but should be strictly non-partisan.

Hon. F. A. Laurence in responding in behalf of the Local House, gave an amusing address, which was heartily applauded by all.

Dr. W. S. Muir then favored the assembly with a song, which was very much enjoyed.

Principal Calkin proposed the health of the Medical Society of Nova Scotia, which was responded to by the retiring President, Dr. McMillan, and in-coming President, Dr. McIntosh.

The next toast on the list, was "Our Guests," given by Dr. D. H. Muir, and responded to by Prof. McDonald.

The Press was proposed by Dr. Walker, and answered by Dr. Ross for the MARITIME MEDICAL NEWS, and Mr. Mills, of the *Times-Guardian*.

The Ladies—given by Dr. G. C. Jones, was ably answered by Dr. M. A. B. Smith, of Dartmouth, on behalf of the fair sex.

One of the extra toasts, of which there were several, was the health of Dr. A. C. Page, who was unable to be present at the annual gathering of a society to the success of which he had contributed much during many years of active practice.

The Chairman of the Dinner, Dr. D. H. Muir; the Secretary-Treasurer, Dr. W. S. Muir, the medical men of Truro, and Dr. Roddick were all heartily drank, and ably responded to.

At this time, and in fact during the whole evening, witty speeches and social chat were the order of the evening's banquet, and all were very sorry when the time came for the last toast on the list, being viz.: "Our next merry meeting."

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THE NINETEENTH ANNUAL MEETING OF THE NEW BRUNSWICK MEDICAL SOCIETY.*

HELD AT FREDERICTON, N. B. July 18th and 19th, 1899.

The meeting was opened by the President, Dr. A. B. Atherton, of Fredericton. Routine business followed, and the report of Dr. Thomas Walker, St John, on behalf of the committee on the revision of the tariff of fees of the Society, caused considerable discussion. With few amendments the report was adopted. The incoming President and Secretary were instructed to have the revised scale of fees printed in pamphlet form, and a copy sent to each registered practitioner in the province.

The Treasurer, Dr. Foster MacFarlane, St. John, reported a balance of $176.72 on hand.

Dr. Thomas Walker introduced the following resolution which was unanimously adopted: "That the Society hails with great satisfaction the announcement that progress is being made in the matter of Interprovincial Registration, and would urge upon the Council of Physicians and Surgeons that they use every means looking towards that end."

"Progress of Medicine and Surgery the last third of the Nineteenth Century," was the subject for the scholarly address given by President Dr. A. B. Atherton. He spoke of the advancement made in both medicine and surgery; of anæsthetics; aseptic and antiseptic treatment of wounds and the antitoxin serums. (This paper appears on page 253 of the NEWS.)

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* The proceedings of this meeting were kindly reported by Dr. G. C. VanWart, Fredericton.

The next paper, "Remarks on Puerperal Eclampsia with cases," by Jas. W. Bridges, M. B., Fredericton, called forth much discussion. The paper dealt with the cause and pathological lesions. The etiology was the auto-intoxication by the waste products of the body. The histories of two cases were given in detail. Much attention was given to prophylaxis; venesection in robust cases, followed by hypodermoclysis of normal saline solution; reduction of labor by rapid dilatation. Reference was made to Cæsarian section and to such drugs as nitroglycerine, gr. 1/60 hypodermically, morphia, veratrum viride, pilocarpine, sodium bromide and chloral hydrate.

Dr. J. H. Gray, of Fairville, spoke of having used veratrum viride with regret.

Dr. Thomas Walker stated that a patient of his "under full charge," and on a strictly milk diet for three weeks, had convulsions.

Dr. R. L. Botsford, of Moncton, had twelve cases. He mentioned incision of the os uteri, though he had never done it. The veratrum viride was the American treatment. Prof. Hirst, of Philadelphia, strongly advocated it, giving as much as forty drops to a dose. Chloroform heads the list for drugs, then chloral. Every case is a law unto itself. He favoured the use of morphia in large doses hypodermically.

Dr. G. E. Coulthard, of Fredericton, said when an attack of convulsions is threatened, he counteracts the excitability by the use of chloroform and morphia. He does venesection and does not wait for drugs to act.

Dr. P. R. Inches, of St. John, did not consider blood-letting practicable in all cases. He gives chloroform and chloral, with croton oil for the bowels. Since the fœtus was the cause of the convulsions he favoured the induction of labor, and considered the prognosis favourable if the fœtus had been dead two days. In every case of convulsions he had found albumin in the urine, although cases are reported contra.

Dr. James D. Lawson, of St. Stephen, read his paper on "Placenta Prævia." He spoke of the causes and gave a detailed account of the treatment he used. The chief indication is to empty the uterus. "There is really no safety for the woman while there is the possibility of hemorrhage."

Dr. Thomas Walker thought that in the present position of abdominal surgery it would be better to do a Cæsarian section.

Dr. P. R. Inches said there was a warning from the sixth to the eighth month of pregnancy. He induces premature labor. This saves loss of blood. He thought Cæsarian section harsh treatment.

Dr. R. L. Botsford considered rapid delivery the best treatment.

Dr. James Christie, of St. John, in forty years of practice had seen little improvement in treatment. He had had but few cases and considered repeated hemorrhages in the sixth month an indication of the troubles and brought on labor.

Dr. A. B. Atherton, of Fredericton, believed it best to deliver at any time to save the mother. He did not advocate Cæsarian section. Ligation of the uterine arteries has been recommended, the ligatures to be applied to the os uteri per vaginam.

Dr. J. H. Gray advised rapid delivery.

Dr. W. C. Crocket, of Fredericton, was of the same opinion.

"Gonorrhœa and Complications," by Dr. S. W. Boone, Presque Isle, Me., was the next paper read. He knew of no abortive treatment except a virtuous life. In slight cases he uses boric acid injections. The physician himself to irrigate the urethra with copious injections of potassium permanganate. He considered gradual dilatation the best treatment for stricture of the urethra.

Dr. Foster MacFarlane spoke of chronic seminal vesiculitis, a complication so often overlooked by the profession. This is to the male what salpyngitis is to the female. The symptoms are neurotic in character. Rectal examination is necessary for a diagnosis. He also explained the massage treatment for this complication.

Dr. Thomas Walker thought complete rest in bed necessary. In spite of antiseptic remedies we have not advanced much in treatment.

Dr. R. L. Botsford insists on rest as far as practicable and suggests the use of argonin.

The meeting was adjourned at 4.15 p. m. in order to allow the members and lady friends to accept the invitation of the local physicians to a sail on the river St. John and luncheon at "Camp Comfort."

After a very pleasant outing business was resumed at the evening session. The nominating committee brought in their report and the following were elected officers for the ensuing year:

Dr. William Bayard, St. John, *President.*
Dr. R. L. Botsford, Moncton, *1st Vice-President.*
Dr. T. F. Sprague, Woodstock. *2nd Vice-President.*
Dr. Foster MacFarlane, St. John, *Treasurer.*
Dr. B. M. Mullin, St. Mary's, *Corresponding Secretary.*
Dr. W. E. Ellis, St. John, *Recording Secretary.*
Drs. J. C. Mott, St. John; Jas. W. Bridges, Fredericton, and A. J. Murray, Fredericton Junction, *Trustees.*

Drs. G. T. Smith, Moncton; P. R. Inchs, St. John; James Christie, St. John; James W. Bridges, Fredericton; J. W. Daniel, St. John, were elected members to the Council of Physicians and Surgeons.

Dr. John R. McIntosh, St. John, exhibited a specimen of sarcoma of the eye, with remarks on the case.

The committee on the Presidential address reported that a vote of thanks be extended to the President, and that the address be published in the MARITIME MEDICAL NEWS.

Next on the programme was a discussion on the "Treatment of Typhoid Fever," opened by Dr. G. T. Smith, of Moncton.

Dr. Smith spoke as follows: In the treatment of this disease we can do a great deal by getting our patient into a good large airy room and having one good intelligent person to be responsible for carrying out instructions as to diet, medicines. etc.

Get the patient accustomed to use of bed-pan from the first, and guard against bed-sores, by strict cleanliness, bathing with alcohol, etc. Be careful to disinfect the discharges, both fœces and urine; lime is no doubt one of the best substances to use.

Feed the patient on milk as a general thing, often have to dilute with lime water, aerated water, hot water, tea or coffee, if the taste of milk is not agreeable to patient. If not much tendency to diarrhœa, can often give chicken broth, beef tea, with good results; also newly churned butter, milk, pulp of grapes. As to drinks, lots of cold water, lemonade, whey, etc. In convalescence, after the temperature is normal for a week or ten days begin to give semi-solid food and gradually return to solid foods. The dieting is the *most important* part of the treatment.

Have your patient kept quiet and sponged with cold or tepid water and alcohol, which will often give relief and induce sleep.

Medicines.—We cannot abort or cut short an attack of typhoid by the use of drugs—though we are sometimes tempted to think we do. In the milder cases with temperature below 103 F. we need no drugs from start to finish. If the temperature runs above this I usually give antifebrin in repeated small doses and have had most gratifying results from its use. By keeping the temperature down with antipyretics accompanied with cold sponging or cold pack if needed, we make our patient more comfortable in every way and I think increase his chances of recovery. I have never yet seen anything but good results from antipyretics when used in small doses repeated as required to control the temperature. It seems to me a great improvement over letting the patient burn up with a high fever, because the cold bath is really out of the question in private practice. In severe cases I very often give digitalis, strophanthus or strychnine from the beginning to keep heart's action up. If tongue is very dry, delirium well marked or heart threatening to fail, then give alcoholics freely.

Complications.—The only ones with which I have ever met in a serious form are: (1) Perforation—two deaths. I would now open the abdomen and try to suture bowel. (2). Pneumonia. I have met with this several times as a complication and treated it on general principles. (3). Diarrhœa. Diet carefully—give bismuth and opium, or starch and opium enemata.

Dr. G. E. Coulthard, continuing the discussion, said he does not care much for drugs in typhoid. A trained nurse should be secured and the room should be in the upper part of the house and deprived of any but the most necessary furniture. Change of body and bed linen should be frequent. Diet should be chiefly milk, whey and kouymss. Stimulants only should be given when patient is very feeble and heart failing. No antipyretics advised with temperature below 102.5°; cold bath used with temperature above that point. Bowel antisepsis is no good as antiseptics cannot be used of sufficient power. Woodbridge's treatment is not reliable. Disenfection of discharges is not efficiently done. All body clothing and dishes should be thoroughly disenfected every day. In hæmorrhage or perforation a cold bath should not be used. Strychnine and digitalis should be used in debility. Diarrhœa checked with opium and chalk mixture.

Dr. A. J. Murray stated that typhoid is not a disease cured by drugs. It is well to give at first a dose of calomel; it will clear bowel even if it does not act as a disenfectant. No antipyretic should be given with the temperature under 103°; over that use cold sponging and wet pack. A milk diet should be used. Does not like meat broths. Constipation if present, he treats with glycerine enemata. For hæmorrhage he uses argent nitrate and opium. Only uses alcohol in convalescence.

Dr. Foster MacFarlane said the influence of the physician by cheering patient is important. He thinks a large proportion of deaths takes place during convalescence from bad judgment in feeding. Does not think course of the disease is shortened by drug treatment.

Dr. Thos. Walker spoke of importanse of disenfecting stools. Bichloride of mercury solution does not disenfect thoroughly, especially as sufficient time is not given before being thrown into privy. He thinks patients may be more freely fed than is generally practised. Antipyretics he protests against as he considers them harmful ; but baths may be useful if done by one properly trained.

Dr. Gregory thought intestinal antiseptics do great good.

Sever others also took part in the discussion.

Dr. Walker moved a vote of thanks to the profession of Fredericton for the hospitality and kindness shown to the visiting members. This was seconded by Dr. Smith and carried unanimously.

Dr. Geo. G. Melvin, St. John, gave a most interesting paper on the "Nervous Element in Diseases of the Skin." Reference was made to eczema, acne vulgaris, syphilis, alopecia, malingering or feigned disease of the skin. The latter type was most common in young females. Reports were made of cases, an interesting one being that of a malingerer.

Drs. A. J. Murray and S. W. Boone discussed the paper.

Dr. J. A.Casswell, Gagetown, exhibited a case of a young man eighteen years of age, which was diagnosed lupus erythematosus.

Dr. G. T. Melvin spoke of thyroid extract gr. v. three times daily in capsule as very beneficial for internal treatment.

Dr. G. C. Van Wart, Fredericton, spoke of the rarity of this disease and its treatment.

The second topic on the programme for discussion, was "Blood-Letting, General and Local."

Dr. William Bayard, St. John, opened the discussion and was of the opinion that we had too much in the thirties and forties, and too little in the nineties. During his experience he had to ligate the brachial artery three times, and amputate the arm once in consequence of phlebotomy. He referred to blood-letting in pneumonia, pleurisy, meningitis, peritonitis, (with not much success), aneurism, (aortic,) apoplexy and uræmic convulsions. etc.

Dr. J. W. Daniel found bleeding beneficial in a case of bronchial asthma.

Dr. T. S. Tupper, Fredericton, used it in sthenic cases of pneumonia.

Dr. A. B. Atherton stated in cases of brain trouble he preferred leeches. He also found leeches good in eye and ear affections. He had noticed that bleeding was of service in infectious diseases, e. g. hæmorrhage in typhoid fever. He did not favor its use in eclampsia. He was of the opinion that bleeding would be resurrected.

Dr. John R. Hagerman, Florenceville, spoke of the good affects of venesection in certain cases of pleurisy.

Dr. A. B. Atherton, Fredericton, gave the history of two cases of dermoid cysts of the ovary and exhibited the specimens.

On motion meeting adjourned.

MARITIME MEDICAL ASSOCIATION.

(*Concluded from last issue.*)

WEDNESDAY, JULY 12TH, 1899.

EVENING SESSION.—Dr. E. W. Cushing, of Boston, not being present, his paper on "Disturbances of the Menopause," was read by the local secretary, Dr. H. D. Johnson. (Published on page 262 of this issue of the NEWS). On account of Dr. Cushing's absence, no discussion took place.

Dr. Robert T. Morris, of New York, being then called upon, gave a very interesting address on "Peritoneal Adhesions." Dr. Morris said they were not looked for as often as they should be. Peritoneal adhesions are much more complex than pleuritic. For some reason the endothelium has been destroyed and lymph exudate covers denuded surface, then we have adhesions following. Those of long duration become more fibrous where movement of viscera has not a tendency to absorption of lymph. Symptoms are often insidious, unless one is looking for them he will allow many patients to suffer for years from something which can be removed in the majority of cases. Peritoneal adhesions of uterus and adnexa are those which most attract attention of the surgeon. We may free adnexa, the fimbriated extremity, the ovary or part of it, and do much good work. In doing abdominal work we may have an adhesion of not great extent binding ileum—there may be two, three or half a dozen such ropes. Symptoms are not readily differentiated, being often the symptoms of more common things. Press on either side of navel—lumbar ganglia are particularly sensitive—if no reflexes are caused, generally settled adhesions are not important. Coming to longer adhesions—rope-like adhesions—sensitiveness of lumbar ganglia may not be present. Intestinal fermentation may be very decided. Sometimes omentum becomes adherent, particularly near cæcum, forming a rope-like adhesion. Frequently, not difficult to feel this rope. In the cæcal region—on palpation, if cæcum is not moveable—it is good testimony that adhesions are present. Adhesions about gall-bladder are common. Tenderness in region of gall-bladder ard reflected pain often in adhesions about that region. If a part of small intestine is fixed by adhesions, acute angulation occurs at seat of adhesion. These cases are recognized very well by those engaged in this work. After abdominal operations adhesions of ileum at line of incision is frequent and often causes much disturbance—perhaps giving more trouble than before. A very little adhesion at line of incision often causes a lot of trouble. Many patients can be relieved provided cause is recognized. Put in Trendelenburg position for some hours, and epsom salts injected in bowels—all cases have been relieved by this method. Tendency of adhesions is to recur. Another plan—brushing surface of endothelium with oil, preventing lymph from exuding—has not found it quite satisfactory. Another—leaving abdominal cavity full of saline solution. This has served a rather clumsy way. Perhaps there is only a small adhesion at cæeum—are we to fill abdomen with several quarts of saline solution ? Aristol has been mentioned to cover surface—supposed to form a coagulum which prevents recurrence of adhesions. It forms a firm coagulum. This aristol coagulum prevents exudation of lumph. One extensive case mentioned where adhesions removed in different operations—six or seven—almost entire ileum and colon had been freed from adhesions by this method.

Dr. F. P. Taylor mentioned a case diagnosed by two eminent authorities as cystic disease of the kidney. Operation followed, they found simply adhesions of the bowels.

Dr. Jas. Bell, said it seemed to him strange that so few instances occur in which adhesions follow abdominal cases. He was much interested in Dr. Morris' method of treating these cases. Adhesions after operations are not so common as observers think. Probably aristol method is a valuable addition to our knowledge.

Dr. Morris in closing, stated that he agreed with Dr. Bell—that separation of adhesions is often successful because no infection is introduced.

Dr. Jas. McLeod, moved a vote of thanks to Dr. Morris, seconded by Dr. Chisholm and passed.

Dr. Jas. Bell, of Montreal then read his paper on "Interesting Cases in Abdominal Surgery."

Dr. M. Chisholm spoke of Dr. Bell's interesting paper and remarks. He referred to a case of typhoid fever in which abscess of lymphatic glands had developed deep down in abdominal cavity. The only feasible way is to drain through abdominal cavity as Dr. Bell has indicated.

Dr. W. S. Muir, moved and Dr. J. McMillan seconded that a vote of thanks be extended to Dr. Bell for his valuable paper. This was carried unanimously.

"Report of Cases of Suppurative Disease of Adnexa" was then read by Dr. N. E. McMcKay, of Halifax.

Dr. Jas. McLeod, of Charlottetown, followed with his paper on "A few Cases of Appendicitis with especial reference to Intestinal Paresis as a Complication."

Dr. Morris referred to the method of injecting salts into the bowel in a good many violent and bad cases of appendicitis without perforation. It is quite possible that bacteria may pass through a partially paralyzed bowel due to distension. Early operation gives best results, early cases are very easy. Death rate will be very small if you operate.

Referring to Dr. McKay's statement that he believes the uterus should not be removed when only ovaries are diseased, he gave the following additional reason: The patient has stood about all she can and you can graft a piece of ovary later.

Dr. M. A. B. Smith asked Dr. Morris about his one and a half inch incision.

Dr. Morris replied that he operates with an one and a half incision, because less danger of hernia, less shock, though too small for beginners.

Thursday, July 13th.—The Nominating Committee brought in their report recommending the following as the new officers of the Association:

President.—Dr. Jas. Christie, St. John.
Vice-President.--For N. S., Dr. N. E. McKay, Halifax.
" " " N. B., Dr. Geo. A. Hetherington, St. John.
" " " P. E. I., Dr. H. D. Johnson, Charlottetown.
Secretary.—Dr. G. M. Campbell, Halifax.
Treasurer.—Dr. T. D. Walker, St. John.

The next place of meeting will be at St. John.

Local Committee of Management:— Drs. McLaren, Addy, Inches, Emery, Daniel.

Notice of Consideration. Dr. M. A. B. Smith gave notice of motion that he would move at the next meeting that the Association meet every second year instead of every year.

The report of auditors to Treasurer's report was received and adopted.

Committee on President's address reported and recommended it to be printed in the MARITIME MEDICAL NEWS and *Montreal Medical Journal*.—Carried.

Dr. G. M. Campbell referred to the death of Dr. Dodge, of Halifax, which occurred since last meeting. A committee, consisting of Drs. Muir, Taylor and Cameron, was appointed to bring in a resolution to submit to the Association in connection with Dr. Dodge's death.

Dr. R. B. Shaw, of Charlottetown, was then called upon to give his paper on "Anæmias and their Treatment."

Dr. M. A. B. Smith, of Dartmouth, followed with a paper on the same subject, both of which were excellent treatises. The members were asked to discuss the subject.

Dr. W. S. Muir, of Truro, said he had found the burnt sulphate of iron the best preparation and most easily absorbed. It is necessary to have intestinal canal in a healthy state as well. He would give sulphate of iron with aloes and often as well with permanganate of potash. There are pills put up made of the drugs mentioned, coated with salol and an excellent combination it is. He had had very little experience with the peptonates of iron.

Dr. M. Chisholm, of Halifax, referred to using burnt sulphate of iron with aloes for some forms of indigestion which was pointed out sometime ago by a well-known observer. He also referred to the good the sulphate with aloes as mentioned by Dr. Muir does in anæmia. He does not prescribe the tincture of perchloride owing to its bad effect on the teeth, but the syrup of the chloride which is neutral is excellent.

Dr. W. B. Moore, of Kentville, spoke of the shallow breathing of anæmic patients. It occurred to him that lung gymnastics would be of value and has advocated forced inspiration in the open air to all his patients the past few years. Minute doses of bichloride of mercury, one-fortieth to one-sixtieth of a grain given with the iron, is valuable. The effect on teeth by perchloride of iron can be largely obviated by wrinsing before and after the dose with solution of bicarbonate of soda, and also using glycerine with the perchloride.

Dr. P. Conroy, of Charlottetown, spoke of a disordered condition of the alimentary canal. You must give a thorough course of purgatives before giving iron. Absoptive condition is often astray in anæmia and when this is remedied the patient often recovers without other treatment. Dr. Conroy spoke of perhaps the worst case he ever saw in which he had used different treatments, and only when attention was particularly drawn to the intestinal tract by giving purgatives and antiseptics did she get well and is now remarkably well.

Dr. J. S. Benson, of Chatham, referred to Duncan, Flockhart & Co.'s capsule of iron, arsenic and strychnine, which he often found of benefit. In giving perchloride, bicarbonate of soda, as mentioned by Dr. Moore, saves the teeth. Had noticed several cases where anæmia had disappeared and returned, subsequently developed tuberculosis.

Dr. G. I. McKenzie, of Pictou, said he generally got best results from reduced iron. Had not got any good results from peptonate of iron.

Dr. Smith, in replying, stated that he had made many tests with pepto-mangan, which showed its satisfactoty results. He knew the use of bichloride of mercury, as mentioned by Dr. Moore, was very good and also appreciated Dr. Conroy's reference to intestinal antiseptics.

Discussion was asked on the paper of Dr. W. F. Hamilton, of Montreal, read the previous day.

Dr. Jas. McLeod, of Charlottetown, spoke of the appreciation he felt at the presence of visitors and also referred to the importance of men attending these meetings. Dr. McLeod moved a vote of thanks to Dr. Hamilton, Dr. Benson seconded the motion.

Dr. Conroy, in supporting the motion, spoke of the benefit he had received from hearing Dr. Hamilton's paper on enteroptosis and referred to some cases identical to those spoken of in Dr. Hamilton's paper.

Dr. M. Chisholm referred to Dr. Hamilton's paper, where quacks had spoken of this condition many years ago, and their suggestion of using abdominal belts, and also referred to the evil resulting from not using support after childbirth, which might lead to condition of enteroptosis. Motion put and carried.

Dr. Hamilton thanked Association for vote of thanks. Cold sitz baths often of benefit from results on abdominal viscera—one minute, one day and longer each day. Faradism also gives considerable relief.

Committee appointed to report on the death of Dr. Dodge moved the following motion, Dr. Taylor of Charlottetown, reading it :—

> "That the Association desires to express its great sorrow on account of the death of the late Dr. Dodge of Halifax, one of its members and late President of the Medical Society of Nova Scotia. His skill as a physician, his character as a man and his usefulness as a member of this Society were of the highest order. He always took the greatest interest in our proceedings by his attendance and valuable contributions. To his widow and family we offer our most sincere condolence and beg them to be assured that no language is too strong to express our admiration of his sterling qualities."

Dr. Taylor, who knew him well, said he was a man of strong opinions and never said behind a man's back what he would not say to his face.

Dr. Cameron of Antigonish, in supplementing the motion, referred to his acquaintanceship with Dr. Dodge and had much pleasure in seconding the motion. Carried.

Dr. McMillan of Pictou, moved a vote of thanks to Dr. Cushing, for his very valuable paper read the previous day ; this was seconded and carried.

Dr. C. D. Murray, of Halifax, was then called upon and read a paper on the "Sanitorium Treatment of Tuberculosis."

Dr. R. L. Botsford of Moncton, said he would not weary the association with reading all of his paper on the same subject, as considerable of it was already covered by Dr. Murray. He wished to make the following motion :

"That the President appoint a committee of nine, three from each province, to consider the advisability of establishing for the said provinces a sanitorium or sanitoria for the cure of incipient pulmonary tuberculosis. That the committee appointed for New Brunswick and Prince Edward Island interview their respective governments stating the curability of consumption by the sanitorial system of the open air treatment of the most deadly enemy of the human race, asking each provincial government to assist in this undertaking and that the general committee present to the Association a complete and full report at the next meeting of this Society in 1900."

Dr. Jas McLeod, had much pleasure in supporting the motion even if it were only to give the profession an object lesson. He would suggest the removing from the motion all words beginning with "asking each provincial government" etc. The open-air treatment is par excellence and especially with creasote given up to fifteen drops three times a day in milk he often had splendid results. An association that neglected vital statistics was negligent to its duties.

Dr. J. J. Cameron, referred to the use of alcohol in tuberculosis in judicious doses, and also mentioned that those addicted to the use of alcohol seldom became infected with tuberculosis. The establishment of sanatoria by the government must have behind it public sentiment. Until the profession gives this matter the widest circulation not till then, will we get support from the governments.

Dr. Botsford. spoke of a large meeting held in St. John recently, in which the people were greatly interested and several influential men had promised considerable sums for the establishment of a sanitorium.

Dr. C. McPhail opposed the resolution as he did not see how it could be carried out. He referred to a case which did splendidly on open-air treatment.

Motion was put and carried.

Afternoon Session.--Moved by Dr. McMillan, seconded by Dr. Benson, that the thanks of the Association be tendered to the P. E. I. Government for use of room. Passed.

Dr. W. S. Muir moved, seconded by Dr. McMillan that the thanks of the Association be tendered to the Charlottetown Club for the way the Association had been entertained. Carried.

Dr. Homans of Boston, then spoke on " Fibroid Tumors of Uterus." Fibroid tumors in his experience occur from 8 to 89 years of age—rare before 20. Do not increase much after menopause. Are recognized by their density of feeling, more or less central in the abdomen ; on moving them os uteri moves also. Sometimes may be more or less elastic resembling somewhat ovarian tumor. Another kind is fibrocystic in which there are exterior cysts connected with the bowels, peritoneum or broad ligament. Has never succeeded in getting these out and saving patient. Probably they are connected with lymphatics somehow. Myxo-sarcomatous, retro-peritoneal are very rare. Had four cases, operated on three, one got well. You get no fluid on tapping. The fibroid is usually hard, generally growing in posterior half ; there may be several or only one.

Prognosis.—Fully half of them inocuous requiring no treatment. Has seen about 700 and operated on 200—about 500 did not think it needed operation. Has not lost a case of hysterectomy for years for fibroid unless complicated by cancer. Many patients worry about them. Where hæmorrhage is caused, operation should be done. If it protudes, ecraseur or scissors. Otherwise remove whole uterus. Where discomfort is great, or where size is great may often have to remove it. A sensitive woman may not like prominence of abdomen—this is particularly in dress-makers.

How to Operate.—The French are perhaps the best vaginal surgeons. If no bigger than your fist or the size of a plum better perhaps be done by vagina. Posteriorly you have no trouble though anteriorly the bladder has been injured many times and also the ureters. In the operation uterine arteries apt to be exposed, which you tie. The French pull down the uterus and clamp—may have several clamps. Almost universally patients get well. The ones that go bad are usually cancerous. Splitting the uterus often facilitates matters. He always puts in a self-retaining catheter. Douching is unwise until after four or five days when he begins, with simple water. In a week or ten days the wound is healed up.

When larger than your fist—remove by abdominal route. The Trendelenburg position is the one used, putting patient in that position after being etherized. We can do everything when we are clean and nothing when dirty. Simplicity is just as well as elaboration and we should get along well with Arnold's sterilizer. He always wears rubber gloves in operating, they keep the patient from contamination from the operator and the operator from contamination from the patient. Be careful when opening into abdomen not to open into bladder. He generally leaves the os and neck in uncomplicated cases. As a general rule these tumors are free from adhesions. Sometimes, however, there are adhesions. One case he lost there were adhesions to intestines and pulling up tore the intestines and lost the patient.

Assistant pushes down parietes and operator lifts up tumor with a corkscrew. Dissects out uterine arteries, ties them, and removes uterus. He uses silk, as has not confidence with catgut; you are sure you can get silk clean. A continuous suture is made and the self-retaining catheter is put in. Hot water bottles applied, but not next to patient, for he has seen several severe scalds. Before beginning always have the uterus curetted and cleaned as much as possible.

Another subject — Hæmorrhage from uterus. It is caused by endometritis, fibroid projecting and cancer. You etherize and examine. If cancer you remove. Glandular cancer is often cured, but doesn't believe epithelial form is ever cured, as may return perhaps to some other organ, from one to eight years afterwards. If endometritis and patient gets curetted, and application applied and patient doesn't get cured, may then suggest removal of uterus even when not of malignant disease. One case of small fibroid causing severe hæmorrhage in a woman aged 63 years. Couldn't detect fibroid—being so small. Uterus was removed with good recovery. Another case of fibroid where woman died and cause was found tobe due to a putrid fœtus in the uterus.

Another subject referred to was the radical cure of hernia. He likes Kocher's operation very much.

Drs. Muir, Taylor, McKay, McLeod and Conroy made a few remarks concerning Dr. Homans' address.

Dr. Taylor moved a vote of thanks to Dr. Homans for his valuable address, which Dr. Chisholm seconded. Carried.

The committee to deal with the matter of erecting a sanitorium or sanitoria for the treatment of tuberculous subjects, was appointed as follows:—

New Brunswick: R. L. Botsford, A. B. Atherton, G. A. B. Addy.

Prince Edward Island: C. McPhail, D. M. MacLaughlin, Jas. MacLeod.

Nova Scotia: A. P. Reid, C. D. Murray, G. C. Jones.

The meeting then adjourned to enjoy an excursion to Fort La Joie. This trip was one of interest, not only because the attempt at reaching shore near the Fort was somewhat exciting, but also on account of the songs, speeches and recitations rendered by different members present.

EVENING SESSION.—Dr. H. D. Hamilton, of Montreal, read a paper on "Papillomata of the Larynx." A vote of thanks was moved the doctor for his valuable paper.

Dr. H. D. Johnson, of Charlottetown, followed with the histories of two interesting cases of "Injury to the Larynx."

Dr. P. Conroy, of Charlottetown, then gave a valuable paper on "Systemtic Septic Infection."

Dr. Conroy's paper was discussed by Drs. Benson, Cunningham, Muir, McKay and Chisholm.

Dr. Jas. McLeod brought up the matter of vital statistics and committees were appointed from the three provinces to bring the subject before the different legislatures.

The committees appointed were:

Nova Scotia: Drs. N. E. McKay, W. H. Macdonald, C. D. Murray.

New Brunswick: Drs. A. R. Myers, J. S. Benson, G. A. B. Addy.

Prince Edward Island: Drs. P. Conroy, Jas. Warburton, R. Johnson.

A vote of thanks to the retiring President was moved by Dr. Muir and seconded by Dr. Murray, for the able manner in which he had presided over the affairs of the Association. This was carried unanimously.

The meeting then adjourned.

Mr. G. W. Mingay, representing Messrs. Parke, Davis & Co., was present at the meeting and presented to each physician a neat package of samples representing some of the latest preparations of this well-known firm.

SUPPER AT HOTEL DAVIES.—This function was tendered to the visiting members by the profession of Charlottetown. Needless to say it was in every way a success, the menu, speeches and songs being highly creditable. Our brother practitioners in Charlottetown deserve every praise for the efficient and kindly manner in which their visitors were entertained during the meeting of the Association.

CANADIAN MEDICAL ASSOCIATION.

The Thirty-Second Annual Meeting of the Canadian Medical Association, with Dr. I. H. Cameron, President, in the chair, will be held in the building of the Education Department, St. James Square, Toronto, on the thirtieth and thirty-first of August, and first of September, 1899.

Purchase a ticket for Toronto, from the agent at the place of departure, and get from him a STANDARD CERTIFICATE (which is a receipt for one full single fare). When registering at the meeting leave the certificate with the Treasurer, and it will be returned, signed by the Secretary, on the morning of September 1st.

This certificate, when presented to the station agent at Toronto, will entitle the bearer to a ticket to his destination for one-third the single fare if there are fifty holding certificates ; or for two-thirds if there are less than fifty.

Letters, telegrams, etc., may be addressed in the care of the General Secretary, Normal School Building, Toronto.

A hall has been provided for exhibitors, where a large exhibit of surgical instruments, physicians' supplies and pharmaceutical preparations may be seen.

Some Points of Interest.

Queen's Park, Parliament Buildings, University College, University Library, Chemical Building, Biological Department and Museum, School of Practical Science, Wycliffe College, Victoria College, High Park, Munro Park, and the Horticultural Gardens, Osgoode Hall, Trinity University, Buildings of the Educational Department, with their Art and Natural History Museums, the new City Hall and Court House, the Island, the Toronto Industrial Exposition.

Provisional Programme.

(Subject to Change if thought desirable.)

Wednesday, August 30th, 1899.—9.30 a. m. Reading of the minutes. Report of the Chairman of the Local Committee of Arrangements—A. J. Johnston, Toronto. Introduction of Officers of the Association. Introduction of visitors. Election of members. Election (by ballot) of the Nominating Committee. Reading of Papers.

" 2 p. m. President's address—I. H. Cameron. Reading of Papers.

" 5 p. m. Report of Committees appointed at the meeting in 1898 :—Committee on the Care of Inebriates, Chairman, Jas. Thorburn, Toronto. Committee on Medical Libraries, Chairman, J. George Adami, Montreal. Committee on the B. P., Chairman, T. D. Reed, Montreal. Preliminary meeting of the Committee on Interprovincial Registration. (In the Library.)

" 8 p. m. Open meeting to members and ladies. Addresses by the Mayor, The Honorable the Minister of Education, and others, to be followed by a reception and refreshments.

THURSDAY, AUGUST 31ST., 1899.—9.00 a. m. Skin Clinic. Graham Chambers, A. McPhedran, A. A. Small, Toronto; A. R. Robinson, New York. Among the cases to be shown are: Alopecia Areata, Alopecia Universalis, Confluent Psoriasis, Dermatitis Herpetiformis, Favus, Ichthyosis, Lupus, Larva Migrans, Molluscum Contagiosum, Molluscum Fibrosum, Scleroderma, Urticaria Pigmentosa.

THURSDAY AUGUST 31ST, 1899.—10.00 a. m. Dominion Registration, T. G. Roddick, Montreal. A discussion will follow.
" 2.00 p. m. Address in Surgery: The radical cure of Hernia, Wm. B. Cowley, New York.
" 2.30 p. m. Reading of Papers.
" 5.30 p. m. Report of Nomination Committee.
" 8.30 p. m. Moonlight excursion, for members, delegates and their wives.

N. B.—During the afternoon the wives of the members of the Committee of Arrangements will entertain the wives of visiting members to afternoon tea at the Royal Canadian Yacht Club at the Island. Ladies intending to be present will do well to communicate with Charles R. Dickson, Local Secretary, 296 Sherbourne Street, Toronto.

FRIDAY, SEPTEMBER 1ST, 1899.—9.30 a. m. Reading of Papers.
" 10.00 a. m. Address in Medicine: Infant feeding and infantile diarrhœa, J. T. Fotheringham, Toronto.
" 10.30 a. m. Reading of Papers.
" 12.30 p. m. Luncheon.
" 2.00 p. m. Visit to the Toronto Industrial Exposition, Exhibition Park.
" 8.00 p. m. Reading of Papers. Reports of Committees. General Business.

A full list of the papers to be read and further particulars were given in our last issue.

The pathological exhibit will be one of the most interesting features of the meeting.

The following additional papers have been promised:

Craniectomy for microcophalus with patient, W. J. Wilson, Toronto.

Curettage, its use and abuse, R. Ferguson, London.

Notes on a case of Jacksonian epilepsy with operation, D. Campbell Meyers, Toronto.

Massage and the relief of eye-strain in the treatment of glaucoma, Geo. M. Gould, Philadelphia.

Extreme emaciation in hysteria, with notes of a case, T. Beath, Winnipeg.

Hydro-therapeutics in the treatment of disease in children, A. D. Blackader, Montreal.

The results already achieved at the Gravenhurst Sanitorium, J. H. Elliot, Gravenhurst.

Obituary.

DR. Z. M. KEMPTON.—The death of Dr. Zenas Millard Kempton, of Wallace, took place on the morning of the 9th inst. The deceased was 60 years of age and had been ill over two months. Dr. Kempton was well and favorably known throughout the eastern part of Cumberland County where for many years he practised. He leaves a wife and two children.

DR. M. F. BRUCE.—Early on the afternoon of the 9th inst., the death occurred of Dr. M. F. Bruce of St. John. Dr. Bruce, who was 55 years of age, was a native of Prince Edward Island. At one time he practised at Houlton. and then removed to Woodstock going afterwards to St. John, where he confined his practise to the eye, ear, nose and throat. He built up a large practice and enjoyed the good will of all who knew him. The St. John Medical Society attended the funeral services which were held on the 10th inst, a large number being present. The floral emblems were beautiful and numerous. The body was taken to Houlton for interment.

Matters Personal and Impersonal.

Dr. N. E. McKay, has been appointed to the faculty of the Halifax Medical College. The subjects entrusted to him will be Lecturer on Surgery and Professor of Clinical and Operative Surgery.

Dr. F. W. Goodwin, has just left for London, to again spend a few months at clinical work.

Drs. E. Farrell and E. A. Kirkpatrick, who returned from Berlin, Vienna and London last month, were greatly pleased with their trip.

RENDER UNTO CÆSAR THE THINGS WHICH ARE CÆSAR'S.—It gives me pleasure at all times to render unto Cæsar the things which are Cæsar's. Although I am opposed to giving certificates relative to proprietary medicines, in this case I overlook my objections as I consider sanmetto one of the greatest vitalizers of the reproductive organs now in use.

P. C. JONES, M. D.

Kanses City, Mo.

SIGHT-SEER'S HEADACHE.—There are, no doubt, very many important uses for antikamnia, of which physicians as a rule may be uninformed. A five grain antikamnia tablet prescribed for patients before starting on an outing, and this includes tourists, picknickers, bicyclers, and in fact, anybody who is

out in the sun and air all day, will entirely prevent that demoralizing headache which frequently mars the pleasure of such an occasion. This applies equally to women on shopping tours, and especially to those who invariably come home cross and out of sorts, with a wretched "sight-seer's headache." The nervous headache and irritable condition of the busy business man is prevented by the timely use of a ten grain dose. Every bicycle rider, after a hard run, should take two five grain tablets on going to bed. In the morning he will awake minus the usual muscular pains, aches and soreness. As a cure and preventive of the pains peculiar to women at time of period, antikamnia is unequalled and unaccompanied by habit or unpleasant after-effect. If the pain is over the lower border of the liver, or lower part of the stomach, or in short be it headache, side-ache, backache, or pain of any other description caused by suppressed or irregular menstruation, it will yield to two five grain tablets. This dose may be repeated in an hour or two, if needed.

In the August number of *The Coming Age* are several literary features which will interest the general reader. Will Allen Dromgoole's story, "An Unsworn Witness," is probably one of the strongest pieces of fiction in the current magazines. There is an admirable short story of the poems of Richard Realf, by Louis E. Van Norman. Under the title of "An Indian Chief in Literature," Mr. Flower reviews at length the "Queen of the Woods," by the late Chief Simon Pokagon, of the Pottawattamie Indians. James A. Herne, the actor, also furnishes a most delightful feature in an extended conversation entitled "Forty Years Before the Footlights." Among the more solid features of this issue is a very brilliant and thoughtful paper by Professor A. E. Dolbear, entitled "The Kind of Universe We Live In;" a paper by Dr. Edward Everett Hale on "The Boston of 1828 and the Boston of To-day;" a discussion of Psychical Research, by Lillian Whiting; the Interpretation of Emerson's poem. "Celestial Love," by Charles Malloy, President of the Emerson Society of Boston. Professor Jean du Buy closes his series of papers on "The Teachings of Jesus" by a discussion entitled "The Kingdom of God." Dr. James Hedley, the well-known lecturer, treats of the subject, "How Shall the Church Triumph," from the standpoint of the orthodox Christian. Rev. J. H. Garrison, editor of the *Christian Evangelist* of St. Louis, writes on "Why I Am a Disciple." Among other contributors to this number is Nina K. Darlington who discusses "Kindergarten Music Building" in a very suggestive conversation. This excellent magazine may be obtained for $2.00 a year or 20 cents a copy from the Midland Publishing Co., Copley Square, Boston, Mass.

SUMMER DIARRHŒA.—In the large class of summer diarrhœas of children and adults, with griping in the bowels and flatulence, the use of LISTERINE, in doses varying from ten drops to a teaspoonful (with or without water), has a most salutary and pleasing effect.

It can be administered at short intervals after eating as soon as regurgitation, distension or acidity occurs. Its action in arresting excessive fermentation is prompt, besides it exercises a decided sedative influence on the mucous membranes of the stomach.

The thymol, menthol, and boracic acid which with the quota of alcohol necessary to their proper admixture form the principal elements of LISTERINE, lend to this compound a special value in this class of cases.—*New York Medical Journal.*

Original Communications.

SANITARY PROGRESS.*

By A. P. REID, M. D., Middleton, N. S , Secretary Provincial Board of Health.

To the ordinary superficial observer, sanitation appears to be to some extent a "fad," and even to some of the members of the profession it does not convey such a definite idea as its importance demands. Yet thanks to it we rarely have the people in civilized countries decimated by plague as did occur formerly and does now when hygienic rules are neglected by the mass of the people as in India for example, and within the memory of members of the profession it scarcely existed in an active form in the body politic.

Modern sanitation results from a definite pathological knowledge of recent date, for which we are indebted to Pasteur and his pupils in France and the many talented minds that have been at work in Germany and England, as well as by careful observers and workers in other countries.

At one time, and even yet with many, the belief prevailed that an epidemic was a "visitation of God," that consumption was an inherited malady, and that disease generally was inherent in humanity and but little modified by the acts or environment of the individual, except in so far as exposure to cold, too much or too little exertion, indulgence in the passions, and gross causes that the individual and not the body politic had under control. Under such conditions sanitation as we now know it was an impossibility.

Systematic hygiene was of slow growth. When Jenner discovered the method of controlling the ravages of small pox and it was demonstrated that tape worm and measly pork were associated conditions under definite biological laws, new avenues of pathological research were opened up, and the end is not yet.

When the lines between chemical affinity and biology were matters of dispute, and materialistic theories in the hands of able men successfully combated for a time the law of life, "omne vivum ex ovo," sanitation was work in the dark, but its march was rapid when the famous Pasteur demonstrated beyond the shadow of a doubt "that any organic compound could be perfectly sterilized and so remain no matter what chemical or physical conditions it was subjected to, that fermentation and putrefaction in every guise were biological not chemical changes, and that omne vivum ex ovo—every living thing from an egg, seed or germ—was an unqualified fact, which no one now disputes. He incidentally opened up the whole field of bacteriology and parasites which before his time was not only invisible but held out no inducements for exploration as chemistry appeared to cover the whole space.

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*Read at meeting of Medical Society of Nova Scotia, Truro, July 5, 1899.

Though chemistry has been shorn of its territory in this field it has more than made up for it in other directions.

Thus we have a new science, bacteriology, which in a few years has leaped into prominence and is destined to take in a scope so wide the boundaries of which cannot be surmised. It is a purely practical and utilitarian department of knowledge, and sanitation a branch of medicine is only one of many benefits it has given to the world, and it is our duty as a profession to supervise its continued development.

Yet sanitary regulations are amongst the oldest in the code of human laws. About 3500 years ago, 1500 B. C., history tells us of Moses the lawgiver, who promulgated laws on this as well as on other subjects, and strange to say he was not only thirty-five centuries, but, from the slow march of events, forty to fifty centuries ahead of his time and generation with all peoples except the Israelitish nation.

He is termed the inspired lawgiver, and the unprejudiced observer would concede the claim. Of many take one illustration—the exclusion of the flesh of the hog as an article of human food, for how otherwise could it be known that it was inimical to human health, for it is but of comparatively recent date that it has been demonstrated that the hog is peculiarly liable to harbor parasites tending to disease and death in all animals that use its flesh as food, unless it be cooked or prepared in a manner requiring more care than it is practical to always correctly give.

Many of the Mosaic laws are as yet inexplicable to science, as was that just referred to, but I doubt not that time will demonstrate their accuracy. A comment by a sufficiently accomplished gynæcologist on the many diseases peculiar to women and their probable modification under the Mosaic code would be very interesting reading. Moses as a sanitarian was, I fear, many centuries ahead of us to-day.

I do not desire to assume the role of advocate, apologist or defender of the Bible. It is not required. But I will simply present a few facts which I cannot harmonize. All shades of christians assume that the Bible (old and new testament) is inspired and worthy of belief, and should be our guide through life, but what I cannot understand is why part is accepted and part ignored, especially that in reference to sanitation, and this the more when we consider the conditions under which it was promulgated together with the experience of the past thirty-one centuries. Moses was lawgiver and the person in authority over a people who had degenerated from their pristine standard, and it was his duty to elevate them to a high position. He took a race held in bondage—a nation of slaves, and we can assume that from this cause they were ignorant, diseased, immoral, irreligious and effeminate, whose highest ambition was " the flesh pots of Egypt," and the plan adopted was a model, perfect in its results, and harmony with our present knowledge as far as we can follow it. The plan was clearly outlined and then carried out.

The Israelites were perfectly quarantined in the desert, having no associations with other peoples, and those diseased were placed by themselves outside the camp and were prohibited from communication with the healthy. Every new case of disease was relegated beyond the camp, and as no doubt specific disease was most prevalent, prevention of contamination by associated domicile was necessary. He took forty years to accomplish a journey easily made in forty hours, and this was the secret of his success. Every individual that left Egypt, even himself, died before the entry into the promised land. Hence the new race was composed of individuals sprung from the best of the old stock, brought up under the best sanitary surroundings, trained and educated by himself and made to conform to very strict sanitary regulations still in force. So indelible was the mark thus made on the Israelitish nation, that they stand alone of all the nations of antiquity in energy, virility and potency, though for centuries, and even now, subjected to conditions which would have obliterated any race not complying with their sanitary code. Many there are and were who fell from grace, as the pork eating Jews so called, but they disappear in time, and we need not hesitate to affirm that the race which carries out the Mosaic laws faithfully will continue strong and virile to the end of time. Many of these laws are as inexplicable at present as they have been in the past, but, judging from what has transpired, the future will explain and confirm their accuracy. A long argument took place lately as to the best method of slaughtering beef animals, the Jewish method or the ordinary. The weight of evidence rested with the Jewish side, the only counter balancing objection being the sentimental one of probably giving more pain to the animal by incision with the knife than the blow on the head, not appearing to consider the fact that some animals require many blows to bring them down but only one stroke with the knife.

The hog does not appear to appeal to the sentimental public as he is always killed with a knife and his squeal passes unheeded.

Modern sanitation is the creation of a few years back, and statistics show splendid results in those countries that are up-to-date, so much so that an epidemic with serious results is looked on as not excusable on the part of those whose business it is to carry out sanitary laws.

In this province we are very poorly equipped. Health laws we have, good as far as they go, but practically obsolete, as there is no proper means of enforcing them. This should be remedied so that in any case of threatened epidemic, the whole province could be forewarned and precautions taken.

The municipal councils now appoint health officials, but from the best I can find out their duties are not even carried out perfunctorally. A health officer should have a special knowledge, but in Nova Scotia he only requires a sufficient number of votes, and there is reason to believe that the majority of those appointed are not desirous of the position, so that the practical carrying out of the health laws is a "myth." Now and then something happens that galvanizes into action for the time, but when the occasion passes off they drop back into the old corner and again fall asleep.

To illustrate one of our requirements, the secretary of the Provincial Board of Health receives regular notification from the adjoining state and provincial boards of health at any time that any epidemic appears, and regular notices of its progress and what is done for its restrictions. Now we should have some one or more in every county to whom our secretary of Provincial Board of Health could communicate such information and who would be guided accordingly.

These officials should be medical men who should receive pay for their work and have the work done in a proper manner. It would be their duty also to advise the secretary of Provincial Board of Health of the presence of any epidemic in their section, so that others could be warned in time. They should also send quarterly reports to the Provincial Board of Health, giving the health statistics of their county as far as they could find out. There are some details wanted here but there is no immediate necessity to occupy your time in this matter.

We now have an unprotected population that in case of an epidemic of small pox would suffer very severely. In the adjoining states and provinces small pox has been rife the past year and we were likely to have it imported. Our escape so far is purely accidental, and we have no right to anticipate continued immunity. It is only ordinary prudence to provide for this eventuality and thus mitigate the scourge when it comes, as come it will. I fear it will take an epidemic and the loss of thousands of lives before our province will waken up to the fact that we are behind civilized countries in this line of work and that we should "set our houses in order."

We had thirty years ago a statistical office for registration of marriages, births, deaths, etc., but since 1867 it has lapsed. This should be reestablished on modern lines.

The Provincial Board of Health has for the past two years tried to keep a record of the sanitary state of the province, but owing to the want of definite laws properly carried out, the result has not been such as could be desired. The Board also instituted a department of bacteriology which has been of service to the profession and the people, and it is desired to extend its usefullness.

Dairy herds in Nova Scotia as elsewhere are tuberculous, and the proper inspection of milk, particularly in towns, and butter and cheese factories, as also the examination of fleshmeat is, requisite. But these subjects have been so widely discussed and there is such general concensus of opinion that there is no need of taking up your time on this subject. Tuberculosis is very prevalent in every form, and claims its thousands yearly in this province, but no systematic means exists either for its restriction or cure. How long is this to continue, and who should take the initiative?

Sanatoria for the treatment of consumption for those able and those unable to pay for their care demand immediate attention.

We not only want to care for recent cases of which from 60 to 90 per cent are curable in from 3 to 12 months treatment in special hospitals or sanatoria, but they must obtain their relief in the climate in which they intend to live. This fact is not widely enough known. A recovery in a foreign clime is apt to be followed by a relapse after return home.

The profession has always been aware that consumption in rare cases was curable, but exact knowledge in this particular has only developed in the last 30 or 40 years, and as well the principles that should guide in the care of the sick. For many centuries attempts have been made to cure it by medicine, and if newspaper advertisers were to be relied on not only no person should die, but there is no excuse for ignorance of this on their part. Yet in spite of all, from 10 to 14 out of every 100 deaths from all causes are due to this contagious and preventable malady, and so it will continue until changed methods are adopted. which are now well known and were first demonstrated by Dr. Herman Brehmer, of Germany, lately deceased. In special sanatoria from 60 to 70 and 80 and 90 per cent of recoveries in recent cases can be expected, depending on the stage of the malady and the length of the residence under care (3 to 12 months.)

The treatment is hygienic. Open air life—climate and season not excepted, careful feeding, medical supervision of each case all the time, with confinement to bed when there is constitutional disturbance, abnormal temperature or hearts action, under the strictest discipline. No medicine is used except for accidental conditions.

It is an eminently contagious malady, and may cause the disease in those who are exposed to its virulent cause, the *tubercle bacillus*. Auto-infection during the progress of treatment and after apparent recovery is very possible, and hence each patient has to be so trained as to enable him or her to avoid contaminating others and as well himself or herself.

The theory that a special climate or latitude is necessary does not obtain, but it is becoming an accepted fact that permanent cure or benefit must be obtained in the climate in which the patient designs to live, to avoid relapses.

Since all cases at one time are recent cases, it means that for want of proper conveniences or treatment 1000 people die every year in the prime of life in this province, who need not be thus removed. And these too often the active, the intelligent, the best of our people. How many homes are thus made desolate without sufficient cause, by the removal of the mother and home maker or the father and bread winner, and why should we allow this to continue when it is in our power as a people to prevent it? I do not think it is a stretch of the meaning of the word to say it is criminal neglect.

Until Koch discovered the cause of this malady it was often a question in recent cases whether or not it was tuberculosis. Thanks to him it can now be demonstrated beyond dispute by two methods—the microscopic and the tuberculin tests.

The establishment of the bacteriological department of the Provincial Board of Health gives to any one in the province, lay or professional, the means of satisfying himself or herself as to the probability of tuberculous infection of lungs. It takes time and skill to make the examination and a small fee of $1 is charged.

Send a fresh sample of sputum in a small bottle (carefully done up) by mail to Dr. Hattie, Mount Hope, Dartmouth, and an answer will be at once sent after the examination is made.

If the bacillus be found the answer is positive and lets the person know that compliance with certain requirements is necessary for a return to health. If the answer be negative after a time, another sample of sputum should be sent, and if the response be again negative it is almost safe to assume that the dreaded disease is not present.

The tuberculin test is particularly reliable in cases where there are no objective symptoms, and has been for years in general and satisfactory use in suspected disease in the bovine race. The steps of this test I need not trespass on your patience with, requiring as it does the expert knowledge of the physician. So far it has been proved safe and reliable, and is gradually coming more into use as confidence in it is becoming established.

These tests give positive information at a period preceding the ordinary symptoms of ill health, and enables the sick person and the medical attendant to do good at the time when this can best be done.

The ordinary hospital and ordinary domicile are not adapted to the treatment of consumption as it should be carried out, and the public as well as the profession should know this fact.

The physicians diagnoses tubercule and he tells the patient that a change must be made in the mode of life, etc., a trip to Colorado, Florida, etc. suggested. In too many cases it would be as well to recommend the patient to go out on the street and pick up $1,000 or $2,000, put the family in the care of the the state and let the business upon which there is dependance for a living close down.

But were the means forthcoming and the patient comes back improved, there is the fear of a relapse.

What the doctor should be able to do when the diagnosis is clear, is to say: "as soon as possible place yourself under the care of the sanatorium which is only distant a few hours by rail and within call by telephone with any part of the province. Arrange at least for three months stay, which will cost you from $100 to $200, with a very fair prospect of cure and not much likehood of relapse." In any recent case there will be improvement.

This for those able to pay their own way. For the very poor either the government or private beneficence should furnish the means, and this will come in time, but to my mind the private sanatorium must precede the public one in order that public opinion shall be educated up to the point when it will demand the means of relief for all.

Another sanitary question demanding attention is the public school but this is taken up by the President, Dr. McMillan.

Public and private water supply will every year be questions of increasing difficulty and the supply in either case should be regularly examined by a competent health officer.

The sewage problem is not yet solved, but this we know, the more dense the population, the greater liability to water and air contamination by defective sewage arrangements, and the greater necessity for inspection by competent officials who are independent of local influences.

Even on the farm with no neighbors to interfere we not unfrequently find wells tainted from careless disposal of sewage and offal. This is generally due to a want of knowledge and is apt to bring its own immediate punishment, and the attending physician in this case becomes the health officer, a duty he has performed for ages and he will continue to do so. But we want his knowledge disseminated, his duties systematized and his recommendations backed up by society, which in this rovince is called the government.

FLOATING KIDNEY SIMULATING DISEASES OF THE GENITAL ORGANS IN WOMEN.*

By A Lapthorn Smith, B.A., M.D., M. R. C. S. (Eng.), Fellow of the American and British Gynæcological Societies ; Professor of Clinical Gynæcology in Bishop's University ; Surgeon-in-chief of the Samaritan Hospital for Women ; Gynæcologist to the Montreal Dispensary ; Surgeon to the Western Hospital, Montreal.

Movable kidney is a much more common disease than is generally supposed, occurring in about 1 in 250 cases in general practice and in about 1 in 5 of the women who consult the gynæcologist. It is much more frequent in women than in men ; it occurs much oftener on the right side than on the left ; less frequently still on both sides at once and very rarely on the left side alone. It is important that it should be recognized oftener because it gives rise to symptoms very similar to those produced by lacerated cervix and other diseases of the genital organs.

2. The causes are (a) loss of perirenal fat ; (b) violence either in the form of a blow on the loins but more often by the sudden jerk of jumping or prolonged vomiting ; (c) frequent pregnancies causing relaxation of the abdominal walls ; (d) tight lacing which forces down the liver, and the liver pushes down the kidney ; (e) the kidneys are heavier during menstruation which therefore is a contributory cause.

3. The symptoms are disorders of all the organs supplied by the great sympathetic and pneumogastric nerves which go to form the solar plexus. As the movable kidney sometimes slips back into place when the patient assumes the recumbent posture the symptoms may be absent while she is in this position. She cannot sleep on the left side because then the kidney slips out and begins to drag on the nerves thus setting up the whole train of symptoms. The symptoms are much worse when the woman walks or works. as the kidney then falls as far as its pedicle will let it go and the dragging on the solar plexus causes gastric pain, dyspepsia, constipation or diarrhœa, palpitation of the heart and a smothering feeling, headaches and finally hypochondria. All the symptoms

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*Abstract of paper read before the Canada Medical Association at Toronto, 29th August, 1899.

are worse during menstruation, when there is in addition a pain in the back and down the thighs.

4. The signs are a tumor the size and shape of the kidney, which in most cases, because the women are thin, can be distinctly felt in some part of the abdominal cavity, sometimes as low down as the right iliac region and even as the left, and occasionally in the pelvis. It can be grasped in the hand and when squeezed gives rise to a sickening sensation and pain down the back and thighs. The tumor can generally be pushed back to its proper place, only exceptionally forming adhesions to distant organs which would prevent its replacement. It varies greatly in size at different times being larger during menstruation and when the ureter becomes kinked or bent on itself, in which case, and when it becomes twisted on its pedicle, it forms a tense globular tumor accompanied with severe symptoms resembling an acute attack of peritonitis.

5. The diagnosis is very important because a great many patients have been treated successfully for some gynæcological disease such as retroversion of the uterus, and yet the patient has continued to complain as much as ever; while many more have been treated for a long time for some gynæcological disease which they did not have, and have even had their ovaries removed, only to have their sufferings increased. The diagnosis is easy and the errors which have been committed have arisen from the possibility of this condition not having been present to the mind of the practitioner rather than from the inherent obscurity of the case. In every case, therefore, of reflex disturbances pointing to pelvic trouble, the examination must not be considered complete until the position of the right kidney has been ascertained. The patient is placed upon her back with her head raised and her thighs flexed so as to relax the abdominal walls as much as possible; the examiner sits at her right side and facing her, pressing his left fingers firmly into the small of the back while the right fingers try to meet them under the ribs in front. The writer has also found the left lateral position convenient, but the best position in doubtful cases is to have the patient standing leaning over with her hands on a chair, thus relaxing the abdominal muscles and at the same time giving the kidney an opportunity to fall. In general terms we may say that a kidney which is movable is easily felt, while on the other hand a kidney which cannot thus be felt is not movable.

6. The treatment consists first in getting the woman fat by any means in our power. As she cannot digest while the kidney is down it

is necessary to keep her in bed during the attempt to fatten her ; the Weir-Mitchell treatment is sometimes successful. Second, many women loose all their symptoms during the latter half of pregnancy because the rising uterus crowds the kidney up. In those in whom this treatment is not available we may resort to a large soft pad of curled hair or an inflated rubber ball which is placed in the right hypochondrium after the kidney has been replaced, which pad is held firmly in position by a broad elastic bandage encircling the whole of the abdomen. The writer has found the small pads usually sold for this purpose utterly useless as they allow the kidney to slip out from under them. An elastic abdominal supporter with a large pad under it crowding up the bowels is much more comfortable. Third, the best treatment and one which in the majority of cases gives instant relief and soon brings about a permanent cure is nephrorrhaphy or stitching the kidney to the back. The incision should extend from the last rib down to the crest of the ilium just outside of the erector spinæ and quadratus lumborum. The kidney must be pushed up by an assistant towards the operator who first feels it with his finger and then grasps it with a bullet forceps. The capsule is split up along the whole of its convex border and turned aside so as to expose a strip of the kidney half an inch wide ; the needle should enter the kidney substance about a quarter of an inch deep and should include the transversalis fascia. As these stitches are to remain buried in the tissues, only well sterilized silk worm-gut sutures should be used. The peritoneal cavity should not be opened, there should be no mortality, and the buried stitches should not give any trouble in more than five per cent. of the cases. If one should suppurate it can be easily removed with a crochet needle.

The result of the operation has been very satisfactory in the seven cases in which the writer has performed it. Three of the patients had already undergone several gynæcological operations including removal of the ovaries and ventrofixation, one of them by the writer, without having been cured. These patients affirmed a few days after the operation that the real cause of their trouble had been discovered at last and that they were for the first time free from the dragging pains from which they had suffered for several years.

Clinical Reports.

A CASE OF SPORADIC CRETINISM.*

By W. G. Putnam, B.A., M.B., C.M. (Edin.), Yarmouth, N. S.

This case was discovered by chance during a short holiday in Colchester County, N. S., in August, 1897, and was not seen again by me until May, 1899. The measurements, etc., were sent me by the parents from time to time and I believe them to be thoroughly reliable.

Case of Bella F., now six years old.

Family History on the father's side is nearly perfect. Both grandparents are living, aged 83 and 80 years respectively. Of eight uncles and aunts, one aunt died of pneumonia aged 36 ; the others are alive and well. On the mother's the record is not so good. Both grandparents died comparatively young, the cause not being definitely ascertained. Most of the uncles and aunts are alive, but none are very robust. Her father and mother both have excellent health. The patient has two brothers and one sister—ages 12, 10, and 4—all of whom are robust children. The surroundings are excellent, the father being a prosperous farmer.

Personal History.—At birth nothing unusual was noticed, the child being apparently healthy and well-formed. As the months rolled by, it was noticed that the child never cried, a circumstance which only excited favorable comment. At the end of a year the parents began to feel somewhat worried over the fact that the child had made no attempt to stand or to walk. At the end of another year she was in much the same condition, except that she would stand for a few minutes if given some assistance. Two more years went by, during which she increased slowly in size and gained enough to stand for hours by a chair, but could not be induced to attempt standing alone or walking, nor would she try to talk.

She was taken to several medical men during her fourth year, all of whom gave a rather hopeless prognosis, suggesting emulsion of cod liver oil, syrup ferri iodidi, etc., as being of possible service.

When I saw her first she was four years and two months old, 29 inches in height, weighed 23 pounds, with measurements of waist, 22 inches, and navel, 21 inches. She had the typical " wooden " expression of a cretin, coarse dry hair, a small umbilical hernia, and a very dry, scaly skin. The last was so pronounced that her mother said that on shaking her clothes after taking them off it seemed as if they were filled with bran. She seemed to take but little notice of what was going on around her and would stand for hours by a chair turning over books or other simple toys. The bowels were obstinately constipated. There was no evidence of rickets.

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* Read at annual meeting of the Medical Society of Nova Scotia, July 6th, 1899.

Her general appearance was that of some cases of sporadic cretinism pictured in the *British Medical Journal* of about four years ago, and the result of those cases as treated with thyroid extract induced me to suggest a trial of it with her. She began taking it on September 18th, 1897, taking at first the equivalent of one-sixth of a sheep's thyroid daily, increased later to twice that quantity. At no time was any systemic disturbance induced thereby, and the improvement was immediate and continuous.

My first report from her was on October 20th, 1897, at which time there was practically no change from the measurements of a month before, but she was said to be looking brighter and cried at times. On December 9th, of the same year, less than three months from the time she commenced treatment, there was a marked improvement; height, 34 inches; weight, 24¾ pounds; navel, 19 inches. She was walking alone. The hernia had quite disappeared and her bowels were regular.

From this time on her progress has been steady in every direction. She has had no other treatment than the thyroid extract in the above mentioned doses. She was without it once for a month and during that time her parents thought she lost ground to some extent.

I saw her again on May 23rd of this year and did not recognize her as the child of two years before. She was then 38 inches in height and weighed 37 pounds. She could talk as plainly as her brother, who was two years younger, and was running about enjoying herself as any healthy child should. She took an intelligent interest in things about the house and farm and looked after her own interests in every way.

I have not been able to get a photograph of recent date to show in conjunction with this one taken before treatment was begun. In closing, I may say that the result of treatment has fully confirmed the diagnosis of sporadic cretinism.

A CASE OF SPORADIC CRETINISM.*

By G. GORDON CAMPBELL, B. SC., M. D., Lecturer in Clinical Medicine, McGill University; Assistant Physician to the Montreal General Hospital.

As cases of this condition are always of interest and especially on account of the wonderful results following thyroid treatment, I have thought that a report of the following instance, which had a fairly characteristic group of symptoms and has improved rapidly under the specific treatment, would be worth publishing.

The patient was first seen by me in May 1898, and gave the following history :—

A. M., female, aged five years, was born on June 8th, 1893. The labour was prolonged and required the assistance of forceps to accomplish delivery, but was otherwise normal. Nothing special was noticed about the child at birth. The parents were living at the time in Chicago, but removed to Dayton, Ohio, six months later. Here she was taken to see a physician on account of the thickness of her tongue, and under the impression that the large tongue might be due to "tongue-tie" the frenum was cut. When the child was three years old the family moved again to Buffalo, New York, and as she did not appear to be developing properly and did not try to talk, another physician was consulted, who stated that he did not understand the condition, but suggested sending her to a hospital for the eye, ear, and throat, as there might be something gained by an examination of the throat. This was accordingly done, and at this hospital the parents were informed that post-nasal adenoids were the cause of her want of development and their removal recommended. The parents, however, would not consent to an operation, although the diagnosis was confirmed by a second physician. The family then moved to Montreal.

Early in May, 1898, I was asked by Dr. F. J. Shepherd to see a case to which he had been called but was unable to go, and on speaking to him about it the next day, he told me that he, while passing in his carriage, had seen a cretin being wheeled up and down in front of the house in a baby carriage. I promised if I got the opportunity to make enquiries about it, and some weeks later had occasion to see the father. On asking him about the child he gave the history already related, but was not very anxious to have me see the case, having come to the

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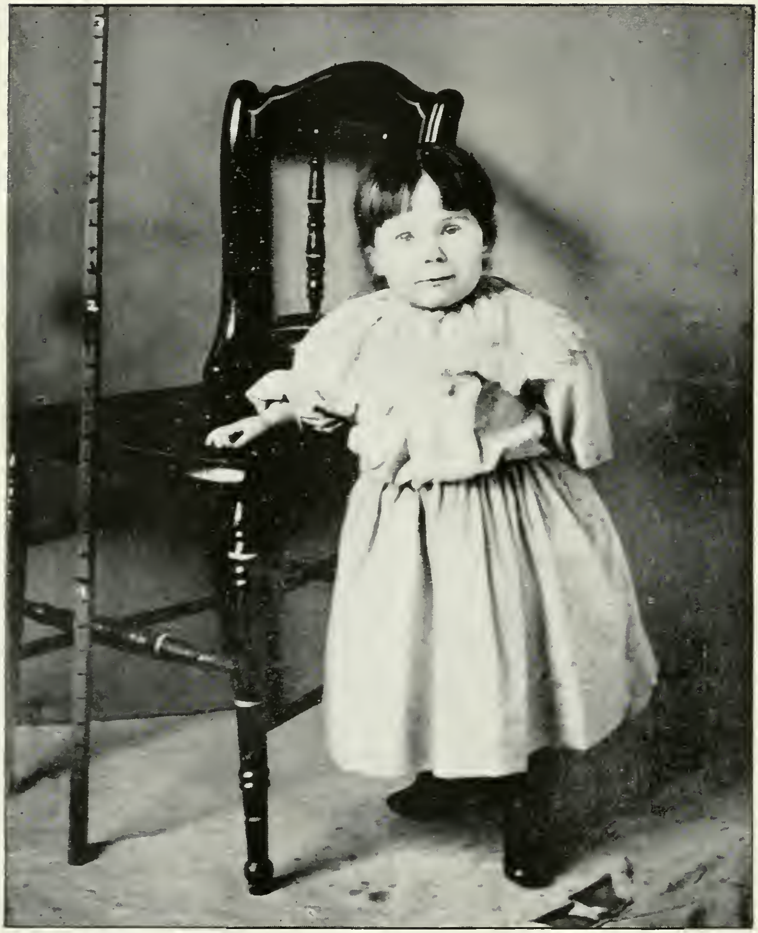
*Read at the annual meeting of the Medical Society of Nova Scotia, July 6th, 1899.



Aged 4 Years 2 Months.

conclusion that nothing could be done for his child. However, on showing him some illustrations of sporadic cretinism with the marked improvement produced by treatment by thyroids, I gained his consent to my seeing his child.

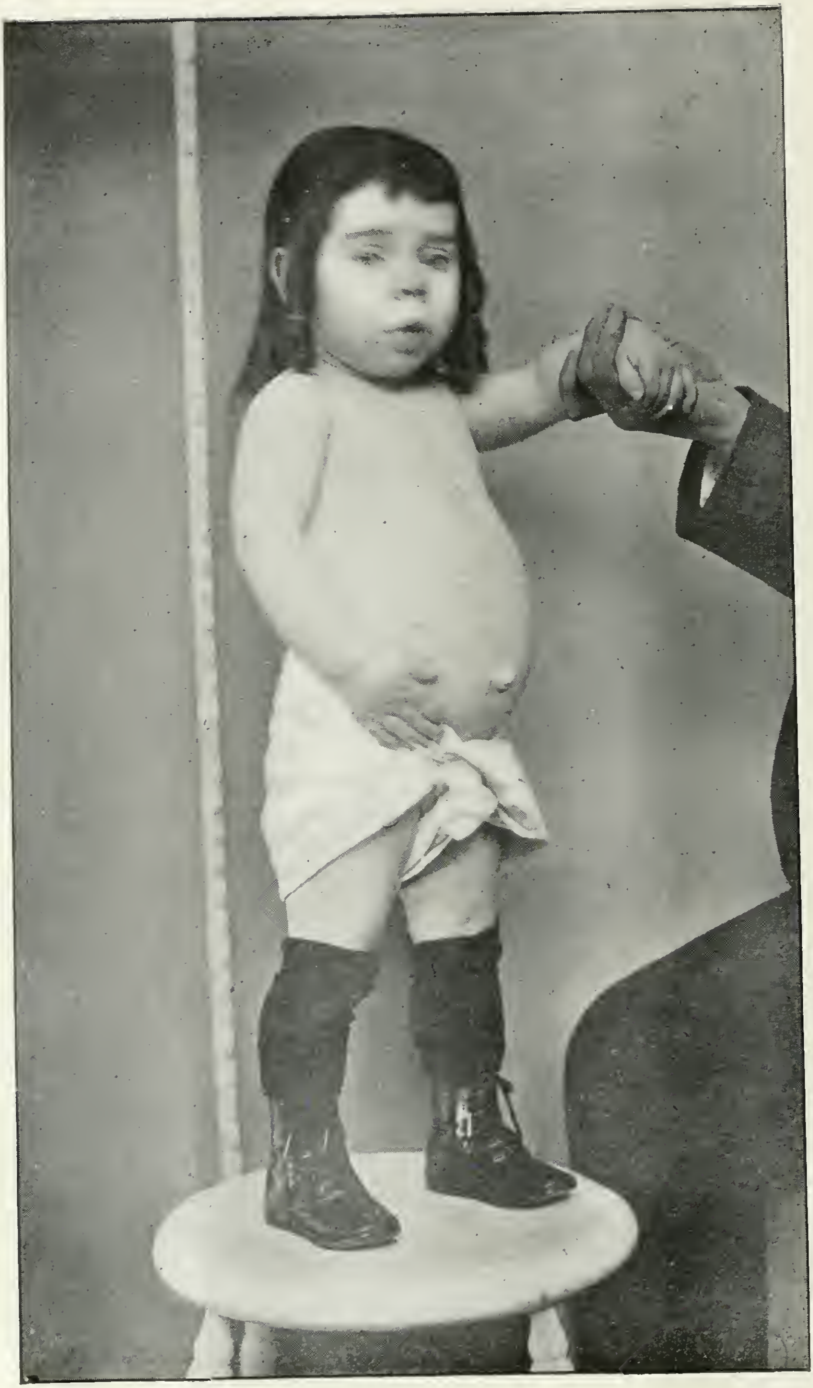
As will be seen from the accompanying plate of a photograph taken shortly after this and before treatment was begun, examination showed a girl of considerably under the average height for her age, with a short, thick body, large head, and limbs rather large in proportion to the trunk. The face was round and fat, the eye-lids thick and palpebral aperture narrow, the nose wide and flattened, and the lips thick and prominent with the large tongue most of the time protruding between them. Her head was fairly well covered with rather fine hair, which was, however, dry, lustreless and difficult to keep in place. The abdomen was large and prominent and there was a small umbilical hernia. The skin, though dry, could not properly be classed as xeroderma. The child's expression was the characteristic, dull, stolid, stare of cretinism. She showed little, if any, signs of mental development, being unable to express her wants or to speak, except for two sounds which the parents interpreted as "ma" and "pa." She seemed, however, to understand in a measure what was said to her. She would sit all day without crying or laughing or attempting to enter into the play of her brothers and sisters, but at other times was extremely nervous and irritable and easily frightened by strangers. She was still wearing a napkin and required constant care and attention.

In the *family history* there is nothing of interest. The patient is the fifth of a family of seven, both older and younger children being of average development. When first seen, a younger sister, although there is almost three years difference in their ages, was taller and brighter than the patient.

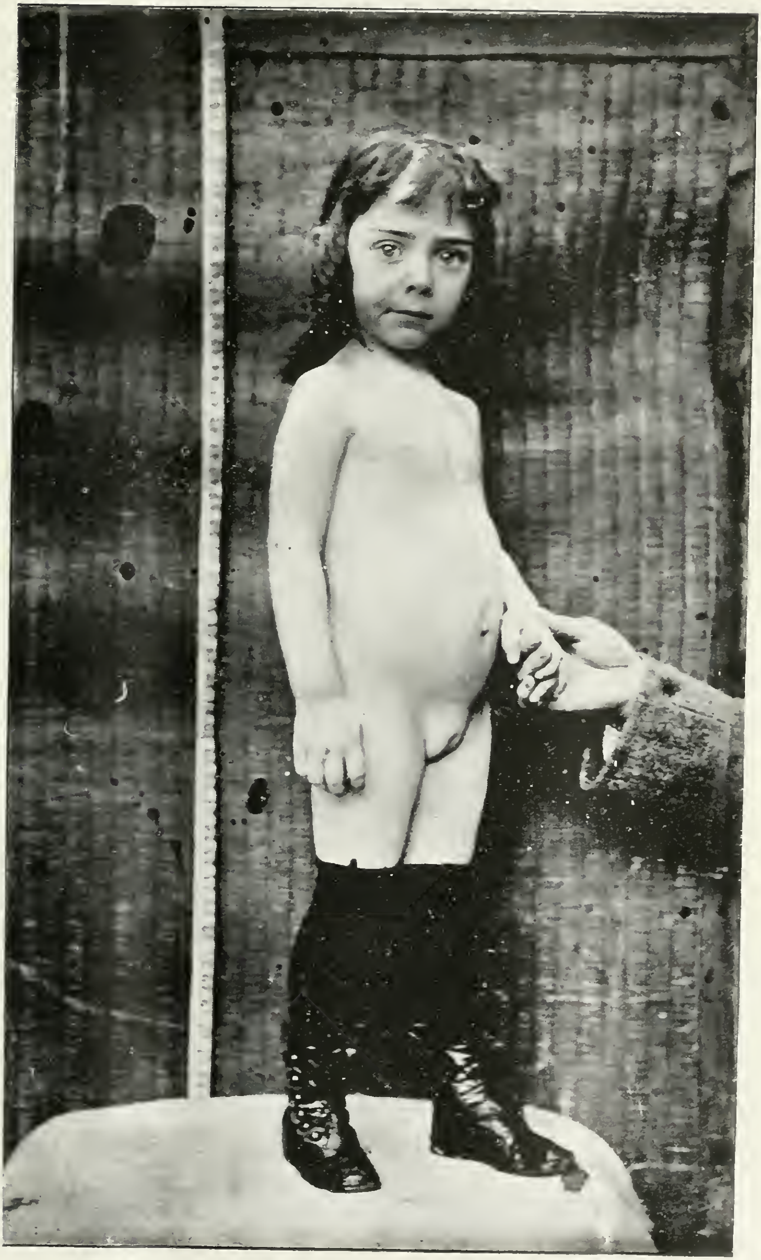
Treatment was commenced on May 17th, 1898, two grains of Armour's dessicated thyroids being given three times a day to begin with. This, however, proved to be more than she could bear, as she developed the condition described as acute thyroidism, and the dose was diminished to two grains twice a day and finally to two grains once a day, which she has continued to take ever since. Improvement at first was slow, the earliest indication that the thyroid was having any effect upon her condition being in the rapid loss of flesh and falling out of the hair. Her health also appeared to fail. It was soon seen, however, that the expression of her face was changing and the improvement in both mental and bodily condition has been going on continuously ever since.

Her present condition, as compared with that of a year ago, is well shown in the second plate of a photograph taken in June, 1899, thirteen months after the first one. Her height, which was 34 inches, has increased to 38, her expression has entirely changed until now she is an intelligent child, looking perhaps four or five rather than six years of age. The improvement in respect to her mental condition is in no way better shown than by comparison with the younger sister, who is now some two inches shorter, and although one year ago vastly her superior in mental development, is now barely her equal, if not her inferior. The cretin is now a bright vivacious child, taking an interest in and talking about everything around her, does not require more than ordinary attention, has given up wearing napkins and attends to her own wants in that respect, and assists in the care of her two younger sisters. She has also lost the most of her timidity. Physically, besides the gain in height, the thickness of the lips, nose, eye-lids and tongue have entirely disappeared, and, although she does not yet look quite right, one would never suppose that she was a cretin. The prominence of the abdomen and the umbilical hernia have also disappeared and the disproportion between the limbs and body is not noticeable. She has lost almost all of her subcutaneous fat, and the new growth of hair is fine, silky, and easily kept in place.

The interesting points about this case are the vast improvement produced by a year's treatment, the small dose of thyroid required, and the fact that the condition was so long unrecognized. With regard to the degree of benefit received from this form of treatment, reports of cases tend to show that it is greater the earlier in life it is instituted after the condition has developed and also the younger the age of the child. Although there have been a few brilliant results from the treatment of cretins who have reached adult life, in the majority of cases it is far from being as satisfactory as in the case reported. The history of the case previous to coming to Montreal shows that, although these cases cannot be mistaken by any one who has ever had the advantage of seeing a well-marked type, there is nothing in any one of the symptoms or appearances taken separately that would give a clue to the diagnosis, at least in early childhood. Backward children are by no means uncommon, and the condition which is the cause of their want of development may not be recognized until they reach the age of three or even five years. In cretinism the characteristics of course become more marked as the child grows older and fails to develop. In three cases of this condition which I have had under my care, the youngest was three years of age, and, although on taking the appearances and symptoms as a whole, the condition was very suggestive and was looked upon as sporadic cretinism, the diagnosis was not absolute until thyroid treatment had proved its correctness.



Sporadic Cretinism.—A. M., aged 5 years, height 34 inches.
Photographed May, 1898.



Sporadic Cretinism.—After one year's treatment. Height, 38 inches. Photographed June, 1899.

GRAVES' DISEASE, WITH A REPORT OF THE SUCCESSFUL TREATMENT OF A CASE.*

By Robinson Cox, M. D., Upper Stewiacke, Nova Scotia.

In undertaking to read a paper on Graves' disease, I did not presume to offer anything new or to give a satisfactory explanation of the singular combination of symptoms usually found associated together in this troublesome malady; but having had a case under my care for the last eighteen months I propose to refer to some of the main features of the disease and glance at a few of the many theories that have been brought forward to account for them, touching upon some of the various plans of treatment which have been tried to counteract their influence. I hope that in the discussion which may follow, some ideas may be gathered from the experience of others which will be found helpful in the future.

Under the name of Graves' Disease or Exophthalmic Goitre we designate a group of symptoms, the chief of which are increased size of the thyroid gland, an accelerated pulse and exophthalmos—protrusion of the eye-balls. A number of other disturbances are usually met with, chiefly in the nervous and circulatory systems, but these are usually secondary and not characteristic of the disease.

Exophthalmic goitre has been recognized and more or less accurately described for more than half a century, but up to the present time the researches of the best pathologists have failed to give a rational and satisfactory explanation of its main features. Professor Osler, of Johns Hopkins, speaks of it as "a singular disease arising from an *unknown cause.*" As early as 1825, Parry described some cases of the disease under the designation of "an enlargement of the thyroid gland in connection with enlargement and palpitation of the heart," but among eight cases reported by him exophthalmos is mentioned in only one. The Germans claim that Basedow was the first to accurately describe the disease, in 1840, while the English usually assign the credit of the discovery to Graves. From that time to the present many widely different theories have been advanced to account for it. Most of the observers, such as Graves and Basedow and their contemporaries as well as many since their time, sought to find the essential cause in a morbid state of the system like that of chlorosis, while others considered the heart the point of origin. Later observers, for the most part, have regarded the disease as being altogether due to neurotic causes. During the last decade, some of the best of modern pathologists sought to find a solution of the strange trio of symptoms which form the cardinal features of the disease, on the theory that they all arise as a result of a general toxæmia of the system due to the absorption of septic material from the intestinal canal and caused by imperfect digestion and malassimilation of food. And when we remember that gastro-intestinal irritation is an almost constant and most troublesome feature in most cases of Graves' disease, as it has been in the case under my own observation, we are inclined to hope that a satisfactory solution of the cause of the disease will eventually be found along this line of investigation..

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* Read at meeting of Medical Society of Nova Scotia, Truro, July 5th, 1899.

A theory of the disease, to deserve the name, should be able to derive all the symptoms, or at least the cardinal ones, from a common source ; so far this has never been done. An attempt has frequently been made to show that the other symptoms depend upon the struma or goitre, and many arguments have been advanced in support of the theory that the disease is virtually due to an excessive thyroid secretion, and therefore essentially a thyroid secretion toxæmia. Doubtless, the excessive thyroid secretion, when present, influences the other symptoms, but it merely aggravates the symptoms which it did not cause, just as starch and sugar in the diabetic diet aggravate the disease which these articles do not cause. But the goitre is by no means the first symptom in the majority of cases, and hence cannot be regarded as the cause of the others.

The most generally accepted theory in the past of the struma or goitre, has been a hyperæmia of the thyroid gland owing to paralysis of the vaso-motor nerves running in the cervical sympathetic. In support of this view we have the following conditions which are usually present :—strong pulsations of the small branches of the carotid, the rapid growth of the tumor, the perceptible pulsations of the thyroid arteries, and the abnormal development of the thyroid arteries and veins, as shown by the pathological anatomy of the disease ; but that these conditions are due to a paralysis of the sympathetic is as yet a matter of question. There is, moreover, as yet no experimental proof that section of the sympathetic can produce struma.

Exophthalmos, the second cardinal symptom, usually makes its appearance soon after the struma ; in a few cases it has been seen first. It is almost without exception bilateral. Sometimes it makes its appearance in one eye earlier than the other, and often it is not equally developed on both sides. In some cases it is wholly wanting. In degree, the exophthalmos varies greatly; sometimes there is but slight prominence of the eyeball, at other times the protrusion is so great that no part of the globe is covered by the eyelids, and even dislocation of the globe may occur. The exophthalmos is generally regarded as a mechanical protrusion of the eyeball due to venous hyperæmia and increased development of fat in the cellular tissue of the orbit. The results of ophthalmoscopic examinations seem to justify the assumption of venous hyperæmia, and the increased deposit of retrobulbar fat has been directly proved by a series of autopsies, but when we ask why we have venous congestion and increase of orbital fatty tissue, we are at a loss for a satisfactory answer.

The third cardinal symptom of Graves' disease to be noticed, is acceleration of the heart's action. This symptom is usually the first to be developed. For a long time it was supposed to be due to anæmia, but this view has now but few supporters. That it is due, as some have supposed, to a primary disease of the heart is also unsupported by evidence. The bulk of evidence among pathologists of the last twenty years, tend to show that it is caused by disturbance of the function of the cervical sympathetic. It is well known that irritation of the sympathetic will increase the action of the heart, and if we could assume a condition of permanent irritation in any group of nerve fibres, this view would in a large measure explain the increase in the heart's rate. Friedreich has attempted a somewhat different explanation. He thinks that the vaso-motor nerves that originate from the sympathetic are in a state of paralysis, which produces a dilatation of the coronary arteries and causes an increased flow of blood to the muscle of the heart, and so an increased action of that organ. This view, however, does not differ essentially from the former; for the branches of the sympathetic which support the heart are commonly supposed to have the function of transferring the excitement coming from their centre to the ganglia of the heart. Another hypothesis worth mentioning is that of Roben, who considers that the goitre exerts pressure on the sympathetic, causing both exophthalmos and acceleration of the heart. This view is supported by several German pathologists of repute, but it is contradicted by the fact that goitre often appears at the same time as the exophthalmos, or even years after it, and in some cases is altogether wanting. Besides, the ordinary cystic goitre, that often occurs endemically and is often harder and bulkier than that of Graves' disease, produces no exophthalmos, and in cases where compression of the sympathetic is proved to exist, the exophthalmos is wholly wanting. Moreover, exophthalmos does not diminish in proportion to the diminution of the goitre, as would be expected if it were due to the effect of pressure. Thus we see that the demand for a theory of the disease that will satisfactory account for all the symptoms has not yet been supplied.

The theory of systemic infection by the absorption of poisonous material from the intestine, is advocated at the present time by pathologists of high repute, and a plan of treatment, based on this theory, is being adopted by many practitioners, and with highly satisfactory results. The history of the case already referred to as under my own observation supports this idea. It is as follows :

About eighteen months ago, I was consulted by a lady suffering from what was clearly evident the symptoms of Graves' disease. She had a good family history, was 29 years of age, married, and the mother of one child, then fifteen months old. The goitre, that led her to seek my advice, was quite prominent, but not more so than the exophthalmos. The pulse rate was 135 per minute, and the eyeballs protruded from their orbits with a staring appearance. There were great prostration of strength, loss of appetite, and, on the slightest exertion, profuse perspirations. I followed what appeared to be the natural indication as far as the heart's action was concerned, and ordered complete rest with arterial sedatives, commencing with digitalis, and the use of iodine externally. This treatment I was obliged to discontinue in a few days owing to increased nausea and diarrhœa. I then tried in succession most of the arterial sedatives, such as strophanthus, convallaria, spartein, etc., but all caused more or less increase in the gastro-intestinal irritation, while none of them had the slightest effect in controlling the heart's action. I then gave potassium iodide and also acid hydriodic, but with no benefit whatever. I then put my patient on thyroid extract, partly for the sake of being in the fashion and partly in the hope of deriving some benefit from it, but soon had reason to regret having made the experiment, as it not only was of no benefit whatever, but was a positive injury. At this stage Dr. W. S. Muir, of Truro, kindly saw the case with me and suggested as a result of his own experience, the use of intestinal antiseptics. His suggestion was at once acted upon and the patient given salicylate of bismuth combined with salol, with an occasional mild mercurial purge to keep the intestinal canal free and as nearly antiseptic as possible. The diet consisted largely of milk and eggs, no meat of any kind, fruit, or vegetables, being given. This treatment, combined with absolute rest in bed and followed up for six weeks produced a decided improvement in all the symptoms of the disease. The intestinal irritation, which had become a most serious feature of the case, was first relieved. Following this, there was soon a reduction of the enlarged thyroid gland. In twelve weeks the pulse rate was reduced from 140 to 100 per minute. The exophthalmos was the last of the three main symptoms to show signs of improvement. In four months she was able to be out of bed and go about the house without any apparent injurious effects. She continued taking small doses of salicylate of bismuth and salol for several weeks after she left her bed. The improvement in her general health and strength continued without interruption, and now, for the last six months and more, she has been attending to her usual duties about a farm house with ease and comfort. When I saw her last, a few days ago, her pulse was 82 per minute, strong and regular, her eyes had a perfectly natural appearance, and it required very close examination to distinguish any thyroid enlargement.

I do not say the case is cured, as I am well aware that relapse of her former condition is probable, but the improvement has been so great and the success of this plan of treatment has been so far in excess of all others, that it certainly deserves trial in similar cases, and also strongly suggests the idea that in the disorders of the gastro-intestinal tract may ultimately be found the hitherto unexplained cause of this very serious and often fatal disease.

* * *

Selected Article.

SEASICKNESS.

By J. Carlisle DeVries, M. D., Honorary Member of the Indian Medical Association of Calcutta, India.

Seasickness, or *mal de mer*, is an important subject to consider, as the suffering caused by it is beyond estimate. In a concise manner it may be described as a peculiar functional disturbance of the nervous system produced by shock resulting from the motion of the ship. It is not a disease of the stomach or alimentary canal, as is erroneously supposed by some, but clearly a functional disease of the central nervous system. By deduction it would seem inevitable that any mechanical agitation of the body, such as is caused by the rolling, pitching, and tremor of a vessel, would primarily and chiefly affect the central nervous system, which is most sensitive to external irritation.

The most prominent symptoms are a state of general depression, giddiness, nausea, vomiting and derangement of the bowels and urinary secretion. It may be divided into four stages : Depression, exhaustion, reaction, and convalescence. The profession has never been able to solve the problem, and the laity must regard it as beyond human control. The travel across the Atlantic would be considerably multiplied were it not for the terrors of seasickness.

Quite a few are under the impression that seasickness is beneficial ; whereas, on the contrary, it is decidedly injurious. After an attack one certainly feels relieved for a time, but very exhausted all the time, and if it were not for the tonic and bracing effects of sea air, one would continue sick even after again regaining *terra firma.* Scientifically there is no more reason for seeking an attack of seasickness than of diphtheria.

My experience with this interesting disease was while surgeon on various transatlantic mail and passenger steamers sailing from New York to Amsterdam, Antwerp, and Southampton. These trips necessitated frequent passages across, up and down the English Channel and North Sea. These two immense bodies of water are rarely calm ; generally very rough and choppy.

Vomiting is a symptom of concussion of the brain. Seasickness is a series of mild concussions. Children and the very aged rarely suffer from it. Active cerebral life is more prone (between the ages of twenty and sixty), although I have frequently seen children vomit on shipboard purely out of sympathy, without previous or subsequent illness. It is most frequently seen in those of a highly sensitive and nervous temperament.

One of the very first symptoms of *mal de mer* in certain cases is an abnormal appetite, which is developed as soon as rough water is encountered. The victim is anxiously awaiting the call to luncheon or dinner. He is the first at table and gorges himself, but ere long finds it expedient to immediately and rather suddenly leave the table, a miserable mortal.

Headache is not an essential symptom of this malady. Cerebral congestion and vertigo may be present. Hopelessness is a constant accompaniment of the disease. Pain in the back sometimes is present and precedes nausea and vomiting.

Constipation is a source of much discomfort, and should be relieved. Diarrhœa may, on the other hand, be present. Both result from the same conditions. Life on shipboard illustrates this interestingly. Neuralgic pains, chilliness, flashes of heat, exhaustion, and suppression of the menses are occasionally met with.

The nausea is quickly followed by vomiting, and is often sudden and projectile, as from a central cause. As the vomiting continues, the ejected matter is composed of intensely acid gastro-biliary secretions. All secretions except the saliva are decreased. The appetite is entirely lost, and there is a marked repugnance to food, especially to all forms of fat. The mental depression is now very characteristic. Shipwreck and drowning have no horrors; the victim rather praying for that speedy death to end his miserable sufferings. This condition continues from two to five days, varying in intensity, and followed by reaction. Seasickness can rarely be mistaken for any other condition, although it may simulate gastro-enteritis at first. In seasickness the intense nausea and constipation, the constant and violent vomiting and later retching, and the loathing of food are more pronounced.

In some cases of slight disturbance, a prolonged, even inspiration as the vessel rises, followed by expiration during descent, thus controlling the movements of the diaphragm, is efficacious. It has been stated by Beard, Barker, and others that by the administration of thirty-, sixty-, and ninety-grain doses of bromide of sodium three times daily for a week prior to embarking, and continuing at sea until the danger is past, *mal de mer* would be prevented.

The question arises, When is the danger past? When the sea becomes smooth? When the physiological effects of the bromide are visible? When the patient is stuporous from excessive and repeated doses? And echo answers, "When?" The treatment mentioned undoubtedly bromizes the central nervous system; but does it render it less susceptible to the molecular disturbance of the nervous system caused by the motion of the ship?

In all my fifty-eight voyages across the Atlantic I have never come across a passenger whom this dosage affected, except visibly, by giving him a bromism, and nausea and vomiting just as soon as the steamer entered an area of rough water; also extreme loss of appetite. This is caused by the intensely irritant action of the sodium bromide on the sensitive stomachs of hyperæsthetic and nervous patients.

The bowels must be opened before embarking by either calomel, phosphate of sodium, or a saline purge. An active purge (saline,) either Epsom or Rochelle salts, half to an onnce, should be taken the night previous to embarkation, followed by twenty grains of bromide of sodium at 7 a. m, the day of sailing, and this dose repeated one hour before the vessel sails. Remain on deck constantly during the passage across, save for meals and bed. I have had marked beneficial results with this course of treatment in all cases. Vichy and Apollinaris should be indulged in freely throughout the voyage. In those who are seized with *mal de mer* at sea, not having previously undergone this preparatory treatment, aromatic drinks, lemonade and champagne, with imported ginger ale *ad libitum*, are of great value. Where the bromides can not be retained. these will be kept down.

The position of the patient deserves equally to be taken into consideration; the horizontal proving much more agreeable than the erect posture, as it better supports the stomach and other viscera, and prevents thereby, to a certain degree, their disturbance by the oscillation of the vessel.

A general diet, substantial and succulent food, easy of digestion, with Vichy, or, if stimulation is indicated, brandy or wine, is most benefiting and useful. Such a regimen is nourishing and strengthening, does not oppress the stomach, but acts somewhat as a soothing or sedative remedy. Avoid cold food.

Chapman recommends the spinal ice-bag. While this is good and relieves the spinal congestion, its disadvantage is apparent by the fact that the patient is compelled to remain in the close stateroom below; and this confinement should by all means be avoided, as whatever good the ice-bag may do, it will be handicapped by the odors from the galleys, and the smell of stale sea water, which may have previously got in during a violent storm, causing the patient to gag and retch, until removed from these surroundings. The motion of the ship is also least noticeable to the patient on deck, owing to the horizontal position assumed, and the invigorating and tonic effects of the air.

Nitrite of amyl in obstinate cases at sea has been tried with success. It should be given in full doses upon the first appearance of epigastric distress, and repeated as necessary. Cocaine has been recommended, but I have never found it beneficial.

In very severe and obstinate cases, after everything has been tried without success or relief, the patient's greatly enfeebled condition and the constant retching demand morphine, but great care must be exercised in its exhibition. The patient should be kept under its influence at least twenty-four hours.—*N. Y. Med. Journal.*

THE

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Editorial.

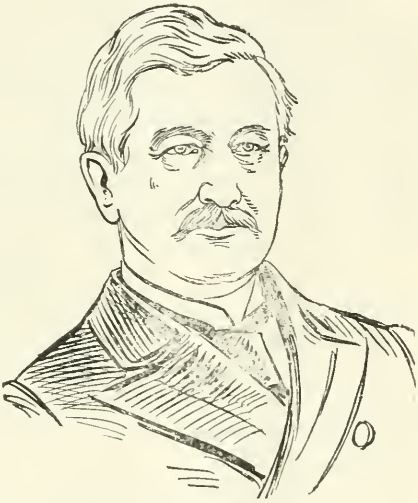
CANADIAN MEDICAL ASSOCIATION.

The thirty-second annual meeting of the above association was held in the Education or Normal School buildings at Toronto, Ont., on Aug. 30, 31, and completed its labors at midnight on the 1st September. The number of members and delegates in attendance was the largest in the history of the association, there being nearly 300 who registered their names, A large number of very able papers were read and others taken as read, the publication of which will be looked forward to with much interest.

The address of President Cameron was a very able and learned paper which must be heard or read in order that it may be appreciated. Tuberculosis in Canadian cattle and its prevention was ably dealt with by Prof. mer Adami of Montreal. Christian Science was presented in a very unique manner by Dr. Richardson of Toronto, and judging from the applause brought forth by its reading, the profession would do well to read it. He literally dissected Mrs. Eddy and did not leave her much room to stand upon. On the whole the meeting is one long to be remembered. The reception by the Hon. Geo. W. Ross, LL.D., Minister of Education, was much enjoyed. He delivered an able address of welcome, and the music and recitations were fully up to the standard.

On the evening of the 30th the members and their lady friends were entertained by a trip on the lake by steamer " Chippewa," music and refreshments being provided. An afternoon tea was also provided at the Island Club House of Royal Canadian Yacht Club. On the afternoon of Friday at 2 p. m., the members were entertained at luncheon by the President and Directors of Toronto Industrial Exhibition at Exhibition Park and were taken to the exhibition, which was thoroughly appreciated. This exhibition we are informed witnesses 60,000 people daily in attendance.

This meeting of the Association is memorable from the good work done to unify the profession from the Atlantic to the Pacific. Every province was represented. The question of inter-provincial registration was abandoned, because it was a scheme which would give the profession no recognition from the British Medical Council or any foreign recognition. It might be in force to-day and stand suspended to-morrow. Therefore nothing short of legislation by the Dominon Parliament would meet the requirements of the case. Dr. Roddick, who has labored indefatigably in this matter, had, through the law officers of the crown, succeeded in preparing a law which he submitted to the committee appointed last year at Quebec. The measure was carefully considered and amended by the committee. It provides for the appointment of "the College of Physicians and Surgeons of Canada," the corporation to be composed of three men from each Medical Council, one to be appointed by the Governor-General and one by the Council, together with the President of each Council ex officio. These are to make the rules and regulations for curriculum and appoint a Board of Examiners. All men now registered in the various provinces who are ten years in practice will receive the new qualification on payment of a small fee. Those who are not ten years in practice must complete the term. All entrants must take the examination and complete the curriculum of five years, the last being clinical. Dr. Roddick was empowered to complete the necessary legislation required to give the following resolution, which was fully endorsed by the Canadian Medical Association, its full effect:



DR. T. G. RODDICK, M. P.

Dr. Williams of Ingersoll moved the following resolution dealing with the question of registration:

Whereas, the standards of education for the profession of medicine and surgery and the qualifications for the practice of the profession vary in each of the provinces of Canada, and the assimilation of these standards, and, if practicable, the establishment of uniform standards throughout the Dominion are desirable;

And whereas, in consequence of the provisions of the Acts of the United Kingdom of Great and Ireland, known as the "Medical Acts," medical and surgical practitioners, who are by the law of a province of Canada entitled to practice the profession in such province, cannot obtain the benefits of registration under the said Acts, inasmuch as by the said provisions the qualifications required for such registration must be regulated by the Parliament of Canada ;

And whereas, a medical and surgical practitioner duly registered according to the law of one province of Canada cannot legally practice in another province without being duly registered in such other province ;

And whereas, serious practical inconvenience both to the public and to medical and surgical practitioners have arisen from the above cause ;

And whereas, it is desirable to assimilate and, if possible, to unify the various standards of qualifications established by the several provinces of Canada as conditions of admission to the study of the profession, and to the practice thereof, such assimilation and unification being best attained by the establishment of some central authority with power to hold examinations of, and to establish and maintain a system of medical legislation of, such persons as desire to practice the profession in more than one province of Canada ;

And whereas, it is within the legislative jurisdiction of the provinces to establish such central authority, the jurisdiction of each province being restricted to the limits of the province and to the provincial objects only ;

And whereas, it is expedient to constitute a co-operation in which the Legislatures of the various provinces may, if they see fit to do so, vest such powers as are necessary to effect the above purposes, and the other purposes mentioned in this Act ;

And whereas, the appointment of such an authority is for the general benefit of Canada and would promote the advancement of medicine and surgery throughout the Dominion of Canada;

Resolved, therefore, that the association heartily approve of the proposed scheme which the committee has formulated and presented at this meeting.

Further Resolved, that Dr. Roddick be empowered and requested to continue his efforts to have the scheme completed and carried into effect by such legislation as may be found necessary.

Dr. Macneill, of Stanley Bridge, P. E. I., seconded the motion in a very forcible speech.

Sir James Grant supported the resolution.

The resolution carried unanimously.

When this qualification is completed, each of the provinces will be required to pass a short act, agreeing, through the various Medical councils to accept this qualification without examination on payment of the registration fee. The local laws and councils will continue their own work as heretofore without let or hindrance by the new college. The thanks of the profession is greatly due to Dr. Roddick in this matter, and we hope it will stand solidly at his back in demanding that the Federal Government will provide the funds necessary to carry it into effect, and thoroughly provide for sustenance in the future.

The report of the Nominating Board was brought down by Dr. Roddick, convener. It named Ottawa for the meeting place next year and nominated the following officers for the ensuing year :

President.—R. W. Powell, Ottawa.

Vice-Presidents.—S. R. Jenkins, Prince Edward Island ; W. G. Putnam, Nova Scotia ; A. R. Meyers, New Brunswick ; A. R. Marsallais, Quebec ; A. S. Johnson, Ontario ; W. J. Neilson, Manitoba ; H. V. Bain, North West Territory ; O. M. Jones, British Columbia.

Local Secretaries.—H. D. Johnson, Prince Edward Island ; G. M. Campbell, Nova Scotia ; G. A. B. Addy, New Brunswick ; J. Alex. Hutchison, Quebec ; J. H. Clock, Ontario ; Dr. Smith, Manitoba ; M. M. Leyman, North West Territory ; Dr. McGuigan, British Columbia.

Treasurer.—H. B. Small, (re-elected).

General Secretary.—F. N. G. Starr, (re-elected.)

Book Reviews.

International Clinics.—A quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynæcology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology, and Dermatology, and specially prepared articles on treatment and drugs. By Professors and Lecturers in the leading Medical Colleges of the United States, Germany, Austria, France, Great Britain, and Canada. Edited by Judson Daland, M. D., Philadelphia. Volume II, ninth series, 1899. Published by J. P. Lippincott Company, Philadelphia. Canadian representative, Charles Roberts, 593 Cadieux Street, Montreal.

One who has become acquainted with the International Clinics looks forward greedily to the coming of each succeeding number. The current issue is quite up to the standard, (which is high praise), and will be eagerly devoured by every subscriber. The bill-of-fare is, as always, tasty and nutritrous, and so varied that every palate may be satisfied. This very variety makes the book difficult of review, as the reviewer can scarcely be expected to overcome the bias which his inclinations naturally give him, and he may attach especial importance to an article which another would regard as of ordinary value. All maritime physicians, however, will be attracted by an exceptionally interesting article on " Paranoia " by Dr. George L. Sinclair, of Halifax. Paranoia is a form of alienation to which much attention has been directed of late years, and the extreme importance of the condition, particularly from a medico-legal point of view, adds the value of timeliness to the article under discussion. Dr. Sinclair deals with his subject in a very frank and concise manner, and in a characteristically attractive style. The other articles, of which there are many, are all from the pens of competent contributors, and are full of interest and practical value.

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States for the Year 1898.—Treasury Department, Washington.

This is a comprehensive document of more than 850 pages, which deals with a great variety of matters affecting the marine-hospital service of the great republic of our south. Considerable space is devoted to interesting clinical reports. Yellow fever, small pox, plague, and others of the infectious diseases are elaborately dealt with, and the subject of quarantine administration is discussed in detail. The report of the hygienic laboratory contains much valuable information, including an elaborate report on the bacteriologic examination of the Potomac water supply. Full tables of statistics of the United States are appended.

Matters Personal and Impersonal.

Dr. E. V. Hogan, late of the cable steamer "Mackay-Bennett" and Dr. W. D. Forrest, formerly house surgeon to the Victoria General Hospital, have sailed for London to take up post-graduate work.

The marriage of Dr. W. F. Smith, of this city, and Miss Lucy K. Gordon, was celebrated on the 29th, ult., at Trinity Church, Boston, by the Rev. Dr. E. W. Donald. After the ceremony the guests and wedding party repaired to the Hotel Brunswick, where a wedding breakfast was served. The happy pair then departed on an extended trip to New York, Saratoga and Niagara Falls. Among the many valuable presents awaiting Dr. Smith's return is a handsome silver soup tureen and ladle, to be presented by the Halifax Dispensary staff and a few other local medicos.

Matters Medical.

THE FUTURE OF THE WOMAN PHYSICIAN.—At the New York Infirmary, Dr. Frederick Peterson, clincial professor of insanity, recently delivered a brief address to the class of 1899, from which we make the following extracts:

There is something inspiring in seeing a battalion of troops going forth to the wars, and if we look at it aright there is even greater inspiration in observing a company of young physicians setting out for a lifetime of continuous battle against the diseases and disorders which afflict mankind. The warfare conquerors, on the one hand, march out to slay their own kind, but "the conquerors of peace," as they have been well named, give battle to other foes, to the invisible enemies that wear the garb of many a perilous disease, and set forth not to kill but to save their fellow men. In the stories of the ancient wars there are traditions that companies of women sometimes took arms and fought desperate fights on bloody fields. In these more peaceful battles of modern times to which I have just referred we witness the onslaughts of phalanxes of new Amazons which make annual sorties from our medical schools for women. In the end the "conquerors of peace" will prevail, and not a few of the laurels of victory will belong to the women who have bravely borne a notable part in the strife against disease.

With the gradual progress of civilisation, with the slow but sure evolution of society, the work of the woman physician must unfold and broaden to an extent undreamed of now. At the present time her professional duties are chiefly among women and children, but there are already indications of wider fields of labor. To the delicate manipulations of laboratory research she can bring such deft and skilful fingers that a man's awkward hands seem like the flappers of a seal in comparison. Centuries of fine needlework, crocheting, and embroidery, have prepared those fingers for section-cutting, staining, and the innumerable synthetical and analytical processess necessitated by modern methods of scientific research. She brings also to science the intuitive wit, the swift imagination, the deductive methods of philosophy which Buckle so lauded in his essay on "The Influence of Women on the Progress of Knowledge." This writer gives his reasons for affirming that women are more deductive than men :—"First, because they are quicker than men. Secondly, because, being more emotional and enthusiastic, they live in a more ideal world, and therefore prefer a method of inquiry which proceeds from ideas to facts ; leaving to men the opposite method of proceeding from facts to ideas." He goes on to say that "women have rendered great though unconscious service to science by encouraging and keeping alive this habit of deductive thought, and that if it were not done for them, scientific men would be much too inductive, and the progress of our knowledge would be hindered."

But this service to science rendered by women is now no longer unconscious, as Buckle described it at the time he wrote this essay, over forty years ago. It is a fully conscious service, as is evidenced by the very creditable work of women at the present time in many branches of science. There is a a real place for the women who graduate as doctors, but do not care to practice the art of medicine, in our laboratories, for pathology, chemistry, physiology, psychophysics, and the like, and physicians of both sexes are fast beginning to appreciate the peculiar fitness of women for work of this kind.

And this is not by any means the whole domain over which the woman physician may yet come to rule. There is a particularly feminine quality which will ultimately serve her in still another important sphere of activity. All these centuries of domestic occupation, before women entered upon her commercial and professional career, have bred in her an instinctive love of cleanliness and beauty. As a physician she does not lose that innate sense of orderliness, neatness, cleanliness, nor does she give up the hereditary desire to surround herself with what is pleasing and attractive. Let the women who becomes a physician but extend the art of which she has such peculiar knowledge, that of making the home clean and charming, to·circles reaching far beyond the home, to the streets, to the towns, and to the cities, and what vistas for well-doing will open up before her! In other words, I should like to see well-trained women physicians on our public boards of health.

As women and as physicians you will some day come into your own, and expand the principality of your tidy, healthful, and beautiful home into the wide kingdom of public health and hygiene. Our streets will be thoroughly clean, our water supplies and methods of sewage disposal perfect, and thoroughfares sprinkled and shaded, our pavements improved, our factories made healthful, our public baths and parks multiplied, the homes of the poor redeemed from squalor, and you shall go with all the paraphernalia of modern Amazons in the darkest places to fight and conquer the pestilence that walks therein.

But this may bring you into politics! Well, there was a noted statesman who addressed the Academy of Medicine a few years ago, and in his address he spoke of the diseases of the body politic which physicians in general were prone to neglect. He strongly urged physicians to awaken to a sense of their own responsibilities towards the diseases which afflicted the body politic. Doctors, as a class, are more neglectful of their civic duties than any other citizens of the community. They should begin to study, classify, and catalogue these diseases of the body politic, to the end that some happy therapy may bring about regeneration. The women physicians can further this work with hand and voice, and, it may be, votes.—*Health.*

THE DIAGNOSIS AND MANAGEMENT OF PLEURISY WITH EFFUSION.—Dr. Louis Faugeres Bishop recently read a paper with this title. He said that in all chest diseases it was a safe rule to make examinations at short intervals with a special view to determine, by exclusion, the presence or absence of pleuritic effusion. The cause of the effusion might be in the pleura itself, or result from other conditions giving rise to dropsy in other parts of the body. Cardiac disease did not usually cause effusion until the kidneys had become involved, either by congestion or inflammation. The pleura seemed better able than the peritoneum to take care of itself after the first attack of inflammation. The importance of a pleuritic effusion depended primarily upon the amount. The diagnosis of fluid in the pleural cavity depended upon its physical characteristics as compared with those of the surrounding tissues. Of all the physical signs flatness on percussion was the most constant, but the sensation of resistance conveyed to the percussing finger was also an important indication. According to his experience, bronchial breathing was as often found as the absence of breath-sounds, and the percussion note was often tympantic instead of flat. When the breath-sounds were not absent, they had a peculiar character of their own. The advantages of the exploratory puncture were those of a certain means of diagnosis; the danger was from septic infection. The pain of making the puncture was trifling if the needle was introduced with a steady thrust.

The dry-diet theory of treatment the speaker likened to a tank of water placed on the bank of a stream; the stream was ready to receive the water in the tank at any time that it might be set free, but no amount of dredging of the stream or changing its volume would have any effect on the water in the tank. The first thing to insist upon was absolute rest and moderate diet; the next thing was to sustain the heart's action. The close connection of the pleura with the nervous system was sometimes strikingly illustrated in individual cases. Owing to the mechanical conditions present in the thorax it was possible to remove the fluid, even though the puncture happened to be made above the level of the fluid. Of all the devices for aspiration, he preferred the Dieulafoy instrument, and used with this a trocar of about the size of a knitting-needle. The point of election for the puncture was two inches below the lower angle of the scapula. It was a good plan to explore with a fine needle before introducing the larger instrument. As there was always danger of syncope, a stimulant should be administered just before performing thoracentesis.—*Health.*

FEMORAL ARTERY AND VEIN—THEIR DESTRUCTION WITHOUT LOSS OF LEG.—By B. Merrill Ricketts, M. D., Ph. B., Cincinnatti, Ohio. Obstruction of either one or both of these vessels does not necessarily mean amputation. Septic infection is more often the cause of gangrene than simple occlusion. Anastomosis of veins and arteries has proven to be of but little, if any, avail. It is therefore not advisable, for the reason that occlusion sooner or later occurs. It is better to apply ligature for occlusion.

Twenty-three deaths have occurred from gangrene in four hundred ligations of the femoral artery. Clean surgery makes ligation less dangerous. The reports of several cases in which ligation of the femoral artery and vein was without loss of leg justify this assertion.

There are six varieties of the femoral artery, either one of which may save the leg. But it is impossible to determine either of them without dissection.

Ligation should be first resorted to before amputation.—Virginia *Med. Semi-Monthly.*

GUDE'S PEPTO-MANGAN.--Throughout the pages of materia medica and therapeutics no preparations are so lauded as a general tonic as those of iron. It has been shown by thorough investigation that the tissues and fluids of the human body contain normally a certain amount of iron; not a large quantity, but evidently very essential to the health and well-being of every individual.

The intimate association of iron with manganese throughout the whole of nature is no less demonstrated in the human body than in the vast mineral formations of the earth. They are found together in the blood, in the bile, and in the hair. The proportion of manganese to iron in red blood corpuscles is one in twenty, and it appears to be a very important associate and aid to iron in the human economy.

We have described in the Pharmacopœia an almost endless number and variety of preparations of iron, and yet the physician rarely employs more than two or three of these. The few that are of practical importance are often objectionable on account of their astringency and tendency to irritate the stomach, constipate the bowels, or injure the teeth.

It is generally conceded that both iron and manganese are absorbed as albuminates, and when they are carried through a process which prepares them for easy and ready absorption and assimilation, they are necessarily more effective, as the stomach is relieved of work which in many cases it is unable to accomplish.

Gude's Pepto-Mangan is an unusually happy combination of iron and manganese in such a way as to be easy of absorption and free from the objectionable effects of other preparations of iron. In its preparation a large amount of egg albumen is used to convert the iron and manganese into a form easy of absorption; there is also sufficient pepsin employed to make the preparation an aid to the digestion, whereas many of the other preparations interfere with this all-important function. The tr. chloride of iron, which is the most generally used of all preparations in the Pharmacopœia, is very astringent; it can rarely be tolerated by a weak stomach; it discolors and injures the teeth, and always constipates the bowels.

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ENTEROPTOSIS AND ITS RELATION TO FUNCTIONAL DISTURBANCES. *

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The condition described by the term Enteroptosis has been attracting an increasing degree of attention during the past few years. Some years before Glénard's monograph appeared, Virchow, Leube and others described the anomalous downward displacement of different abdominal organs, but in 1885, Glénard formulated his views upon this subject, accurately describing the condition of the abdominal viscera and the nervous phenomena connected therewith. Among the features prominent in this symptom-group which Treves is pleased to call "that medley of symptoms," are, downward displacement of the stomach, a movable right kidney, various digestive disturbances and often very typical neurasthenic symptoms. So sanguine was the pioneer observer among the French, and indeed among all writers, that he had discovered a solution to the difficult problem of many cases of neurasthenia, that he says at the close of one of his very early monographs upon the subject in a free translation as follows :—" I can affirm that the physician who will follow my directions and strive to verify my statements in such cases will find in his practice the satisfaction which a positive diagnosis gives to both physician and patient from which alone a proper prognosis can be made, and that satisfaction, the greatest of all, which directs the treatment and avoids for the patient the trials upon him of so many remedies, while at the same time it secures him relief and prevents the physician himself from falling into therapeutic scepticism."

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* Read at meeting of Maritime Medical Association, Charlottetown, July, 1899.

The next step of importance in the advancement of our knowledge on this subject is marked by the appearance of Ewald's writings in 1890, and those of Pick, Boas, Kumpf, and Hufschmidt in 1892. With Ewald many of the Germans took sides against the French school on several points to which we may refer later. The German school claims that Glénard had reference but to the intestines in his descriptions, while, associated with ptosis of these parts, displacement of other organs was common. By the German school, the application of this term is broadened and more comprehensive. Schwerdt believes he is justified in speaking of enteroptosis when at least two organs are found prolapsed.

It may be mentioned here, however, that Ewald's methods of investigation were more accurate than those of Glénard—for while it appears the latter did not employ any means of inflating the stomach or intestines, Ewald claimed that such was a necessity and thus by Glénard's method of diagnosis, mistakes were more likely to creep in.

Treves, in England, has contributed to the study of the symptomatology and treatment of this disease, while Osler was the first in America to include this subject in a text-book in 1892.

Glénard's disease or Enteroptosis or Splanchnoptosis, as it may be called, according to Stiller's suggestion, should be considered independently of those conditions of visceral displacement resulting from former inflammatory process, such as frequently occur about the genital organs of females and result in pulling down portions of intestine or an isolated organ. This view, however, is open to the criticism, that, upon the normal position of any one organ the position of the others largely depends, and it is possible to have very general ptosis result from such a cause associated with all those signs incident to the true disease. It is acknowledged, however, that in a large number of such instances the signs of the true disease are not prominent in the clinical picture and may be absent entirely.

Meinert urges that the prominent pendulous abdomen resulting from numerous pregnancies "has nothing whatever to do with Glénard's disease. Such an abdomen holds a dilated stomach, not a dislocated one." However conflicting these views may be concerning the classification of cases under this head, it may be accepted as safe teaching, at least for the present, that (1.) Enteroptosis may exist without subjective signs, that (II.) the Enteroptosis of Glénard is associated with the most pronounced subjective signs, chiefly of a neurasthenic type, that (III.) in those cases where a pendulous abdomen is present the nervous features of the case are less pronounced than in thin subjects with greatly flattened belly walls, and that (IV.) Enteroptosis arising from inflammatory processes in the abdomen may be typically characteristic.—(Treves.)

The view of Mathieu is thus expressed, that Enteroptosis is of two varieties, (I.) the form which shows itself plainly from without by a pendulous abdomen and is rarely found associated with nervous manifestations The second form (II.) is that in which the abdomen is thin and flat and where the neurotic element is very prominent,—the internal variety.

The organs displaced in this disease may be all those found below the diaphragm. Most frequently, however, the colon and small intestines, the stomach, the right kidney and the liver are found in altered relations. It is not rare to find the left kidney also displaced ; the spleen very rarely is found away from its normal position while the pancreas has been once recorded as dragged down (Rokitansky, Treves.)

About the subject of the Etiology of Enteroptosis much interest centres and numerous theories have been advanced to account for its occurrence. Kuttner and Dyer affirm that no cases of congenital gastroptosis have been observed. Stiller (1896) says that Enteroptosis is a congenital anomaly. It occurs in those whose muscles are soft, whose bony organisation is delicate and upon them but a small deposit of fat may be found. There is usually found in such patients a floating tenth rib.

Enteroptosis is found in men as well as in women, although much less frequently. Two of the cases herewith reported were male patients, although the percentage of men is much smaller in a large series of cases as shown by Glénard, Meinert, Schwerdt and indeed by all observers. The French writer reports 404 cases, 306 of which were among women ; in Meinert's series, 88—90 per cent. were females, while in Schwerdt's series of 95 observations, 89 were in women. Pregnancies and tight lacing are the chief causes, according to Manges, for this great difference between the sexes.

In answering the question as to the etiology of the condition, Dr. Schwerdt, of Gotha, states that the essence of this disease is to be sought for in an atony of the whole nervous system which affects the muscles of the whole body. As active causes of such a condition he enumerates heredity, unhealthful methods of living and working, all chronic diseases, the wearing of corsets and lack of care in the pregnant state and in childbed. . He regards this disease as a *constitutional ailment.*

The abdominal organs are kept in place very largely by a certain degree of intra-abdominal pressure, and when this is greatly diminished, ptosis is the result. The corset contributes to this condition, among other ways (I.)by diminishing the tone of the body walls and suspensory ligaments of the organs, and (II.) by interfering with the mechanical and chemical functions of digestion thus impairing nutrition. The teaching of Schwerdt upon this point is more theoretical than that of Meinert, who regards the corset as a means of altering the relation of the parts chiefly by direct pressure.

There is doubtless no one cause or group of causes which will suffice to explain the occurrence of this disease or condition. We may conclude then that :—

1. The intra-abdominal pressure is altered.
2. Many causes contribute to this end.
3 The organs may be displaced by being pulled down.
4. In all probability a congenital predisposition exists in the conformity of thorax and the character of fibre entering into the supporting tissues of the organs.

The *diagnosis* of Enteroptosis, since the adoption of the method recommended by Ewald and others, is a matter of comparative simplicity. On the inspection, the contour of the abdomen may suggest a condition of Splanchnoptosis. The epigastrium is hollowed, the two lower quadrants of the abdomen, even with the patient in a recumbent position, are often quite prominent—while, as pointed out by Dr. J. C. Webster in a personal observation, the recti abdominis may be seen widely separated in thin subjects when attempting to assume an erect position. In a few cases I have seen the position of a displaced stomach indicated by the peristaltic waves extending from left to right. It is necessary, however, to distinguish between a displaced and dilated stomach. In brief, we may say that it is all important to determine :—

1st. the position of the lesser curvature of the stomach.

2nd. the relation of the greater curvature to the lesser.

In all cases where one can demonstrate the lesser curvature some degree of misplacement exists, and in proportion as the lesser curvature approaches the umbilicus or falls below it, so is the degree of displacement. Dilatation, as the result of atony, is a usual accompaniment of gastroptosis and a transverse measurement of from four to five and a half inches might still be within normal limits, and would not indicate dilatation.

The hypogastrium may present a dull note from the close prolapse of the small intestine. A point upon which Glénard laid great stress is termed by him "la corde colique transverse,"—by this he described a small band which ran horizontally across the abdomen about two inches or so above the umbilicus. He regarded this transverse band as the "colon transversum." Upon this point there is much diversity of opinion. The German teachers, led by Ewald, claim that the French teaching is wrong and that the "corde colique transverse" was the pancreas. According to Frickhinger, who saw the intestine of a patient with Enteroptosis inflated by Ziemsen, it is regarded as the transverse colon, the hard cord, during the process, becoming changed into a cushion-like and elastic body. On the other hand Ewald cites a case reported by Krez in which an autopsy was done and the "corde colique transverse" was apparently the pancreas. In case No. 3 (Mrs. M.), the "corde colique transverse" was plainly felt and during a laparotomy done upon this patient, it was shown to be the pancreas.

Palpation of the abdomen usually reveals movable kidney, methods of examination for which are known to all. The liver, when displaced, is usually more prominent in the epigastrium and may be rotated upon its longest axis, the upper line of dulness falling much below normal. Another point upon which Glénard laid special stress, as one of diagnostic worth, and which is to be applied in all cases of Enteroptosis he described under the phrase "*l'epreuve de sangle*." This test is applied by the examiner, standing behind the patient who also is in the erect position, and with both hands laid flatly over the lower zone of the abdomen, a firm but gentle pressure is made upwards. In the great majority of cases this affords considerable relief to the distressing dragging pain which is felt in the epigastrium and abdomen and which is one of the patient's chief complaints. At the same time the result of this test is an index to treatment.

As illustrative of many of the above points in diagnosis, the following cases may be briefly described. With two exceptions they are from personal observation, and by these two I am greatly indebted to Dr. James Bell and Dr. C. F. Martin.

Case No. 1, C., male, æt. 25, admitted June, 1899. Complaints were of pain in right side of abdomen, loss of weight, jaundice and of recurrent attacks of indigestion. In February, 1898, the patient had his first attack of severe colic, which was referred to the liver—and regarded as hepatic colic. During the past ten years he had frequent pain in the region of stomach, especially marked after walking, standing or riding. These attacks were brief and on two occasions were followed by jaundice. After the attack above referred to (February, 1898), the patient was comparatively well for about a year with the exception of slight "indigestion" and a dull heavy feeling at times.

In Januarry, 1899, another attack similar to the first occurred and since then, every two or three weeks, this has been repeated, although each attack was of a much milder type. The jaundice was associated with clay-colored or colorless stools and high colored urine and he remarked that on several occasions when the attack of abdominal pain was passing off, the urine, which had been scanty, became more copious and light colored. The loss of weight was about thirty-three pounds. The patient was of a constipated habit. Quietness in bed relieved both constipation and abdominal distress.

The patient is tall and slender, somewhat nervous in temperament; the abdomen is flat, the right kidney is freely movable and the stomach is displaced as shown in the drawing made from the gastrodiaphane; the corde colique transverse is faintly palpable. (See Fig. 1.)

Case No. 2. Mrs. G., æt. 66 (Hospital No. . .). Complaint of pain in stomach. The patient says that during the past twelve years she has been subject to abdominal pain coming on about two hours after food and lasting for three or four hours. These attacks have recurred at ntervals varying from three or four months to one or two weeks. Great care has been necessary with her diet in order to avoid an attack. She is the subject of flatulence and constipation during these attacks. The pain has been felt chiefly in the epigastrium but extends around the back on the right side. She had never been jaundiced before coming under observation and there is no history of over-indulgence in food or drink or past stomach disorder, but she has partaken freely of condiments.

Her condition was one of emaciation, muscles, small and flabby; mental state was irritable; the circulatory and respiratory systems were negative. On examination of the abdomen one observed that it was thin-walled and very lax. There was the epigastric depression extending down to the umbilical level, below which fullness was manifest. The spleen and liver were not palpable, while both kidneys might be readily felt. Inflation of the stomach and illumination of the same were confirmatory and showed marked displacement downwards and to the right with no dilatation as shewn by the diagram (Fig. 2). The lesser curvature was just above the umbilicus. A test breakfast showed no hydrochloric acid and no lactic acid. The patient was under treatment for some days in the hospital upon a fairly liberal diet of gruel, sweetbreads, fish, toast and tea, somatose, and koumiss. Faradism was also applied to the stomach. While under observation a severe attack of abdominal pain supervened and on the following day the patient was markedly jaundiced with bile in the urine. The degree of jaundice diminished to deepen again only after another attack of pain.

This case illustrates the following points :—(I.) Marked digestive disturbances for years ; (II.) Nervous irritability : (III.) Constipation ; (IV.) Epigastric pain followed by jaundice.

Case No. 3. Mrs. M. A. M., æt. 36. (Hospital Nos. 1,024, 4,029.) This patient complained of "disease of the liver, kidney and bladder." For years she had suffered with pain in right hypochondrium ; she had had no acute illness ; she had borne two children, both of whom died in infancy ; one year previous to her admission to the hospital she suffered from severe abdominal pain which was referred to the right flank and was attended by "swelling and tenderness over the part." This attack was but temporary and fully subsided. Since that time, however, she has had occasional vomiting and felt chilly sensations.

Present condition :—One was struck with the expression constantly present on this patient's face. It was one of anxiety and distress ; she was of a dark complexion, thin and hollow-eyed, and I remember well when going about the wards for the first time after she came into the hospital. She presented the striking picture of a neuasthenic patient. Discovering neurasthenia written so plainly on the face of this patient, I immediately examined the digestive system and abdomen with the gratifying result herewith given in detail. Her tongue was flabby, teeth poor and appetite capricious. She was often troubled with flatulence, the bowels were constipated, the abdomen was flat and flaccid. Some general hyperæsthesia was present, but especially manifest over the right hypochondrium and hypogastrium ; the epigastrium was flat and hollowed, the lower abdominal zone, if anything different, was comparatively prominent ; on deep inspiratory movements one noticed in the epigastrium and extending across this area, a wave passing from above downward to a point about two inches above the umbilicus and one could feel a rounded body quite superficially. The right kidney was readily palpable and moved freely on inspiration and could be pushed up under the ribs.

The usual method of locating the stomach was resorted to and it was found, as in the diagram (Fig. 3) markedly displaced. The pelvic organs were normal.

Case No. 4. Mrs. L. C., æt. 38. (Hospital No. 6,525.) Admitted June, 1897. Patient complained of gastric distress constantly present, constipation, aching back and palpitation of heart. The patient believes her present illness began three years before and during the past few months it had been greatly aggravated. Although always of highly neurotic nature, she had been specially so during the past three years. In March, 1897, her menstruation ceased. Gastric distress, flatulence, pyrosis and constipation describe her digestive disturbances.

Present condition :—The patient's nutrition was only fair as she showed signs of emaciation; her facial expression was troubled and she was decidedly neurotic. Anxious introspection characterised her mental state. Vasomotor instability manifested in visible flushing of her face and body, was a feature of her case. There were no stigmata of hysteria, The respiratory and circulatory organs showed no signs of disease. The generative organs were not diseased; she had a left inguinal hernia. The abdomen was very lax with tenderness on pressure about two inches below ensiform cartilage; the liver and spleen were not displaced. The right kidney was palpable and movable to a slight extent. The chief interest centres upon the stomach. A test breakfast was given but no contents could be gained thereafter. Gastric inflation revealed downward displacement of the stomach, the greater curvature presented three inches above the symphysis pubis, the lesser curvature was seven inches above this point, thus showing a transverse measurement of the stomach of four inches (Fig. 4).

Remarks:—These two cases, Nos. 3 and 4, illustrate in the most striking manner the neurasthenic symptoms associated with this condition of the abdominal organs; the facial aspect, the complaints, the introspection, the self-observation and the results of treatment were typical. In No. 3 treatment consisted first in nephrorraphy which availed nothing. The "corde colique transverse" was well marked in this case and was misleading, inasmuch as it was movable and associated with loss of flesh and the absence of free hydrochloric acid in the stomach contents after the test breakfast. It was strongly suggestive of malignant disease of the stomach, but an exploratory incision showed it to be the pancreas. The wound healed but the patient was not improved.

The treatment in Case No. 4 was more satisfactory, although no operation was done, under massage (general and local), suggestion and reassurance, tonics and mild aperients and the wearing of a bandage, much improvement was made and though she has not continued as well as ever, yet she is leading a fairly active life in comparative comfort.

Case No. 5. Mde St. D, æt. 48. (Hospital No. 6,504). Complaints were of pain in loins and a feeling of weight and distress in upper abdominal zone which was worse on the *left* side. The patient had borne thirteen children, and at the second pregnancy twins were born. Ever since this event the abdomen has been prominent and flabby. During the past twelve years flatulence had frequently troubled her; during the past five or six years vertical headaches and distress in upper part of abdomen were complained of. While always nervous she has become much more so during the past few years.

Examination of the abdomen showed it to be one of "*hangebauch*," the walls were very flaccid and pendulous, the recti abdominis were widely separated and between these muscles one could readily feel the prolapsed contents of the abdomen. On examination of the different organs of the abdomen one found the normal area of liver dulness a resonant one. This organ was movable and could, at times, be easily felt between the recti; again it was with difficulty made out, possibly becoming rotated upon its transverse and longest axis. The left kidney was felt on deep inspiration, while the spleen and the right kidney could not be felt. The stomach, on inflation, was dislocated downwards, while the measurement of the organ when distended with gas indicated some degree of dilation as well. The lesser curvature was three inches above the umbilicus, the greater four inches below this, giving the transverse measurement of the stomach as seven inches. (Fig. 5.)

This case illustrates a ptosis of the liver with gastroptosis occurring in a woman with a multiple of pregnancies and in whom the recti were widely separated, the stomach dilated and nervous sypmtoms manifestly exaggerated.

Case No. 6. Mrs. K, æt. 40. (Out patient.) Showed displaced stomach, freely movable and tender right kidney, with occasional vomiting; epigastric pain and tenderness with pulsating area on the left of the middle line; some frequency of micturition. *L'Epreuve de Sangle* was most satisfactory in her case, and the wearing of an abdominal support was found very helpful. (Fig. 6.)

Returning now to the second part of our subject, we may say that the chief functional disturbances to which Enteroptosis is related are:—

1. Neurasthenia, including digestive disturbances.
2. Anæmia.
3. Constipation.
4. Jaundice.
5. Gastric dilatation.
6. Myxœdema, Scleroderma and Exophthalmic Goitre.

The theories concerning the symptoms associated in most instances with the altered position of the abdominal organs are numerous, but for convenience of consideration we may classify them under three headings:—

1st. There is the mechanical theory from Glénard.
2nd. What may be termed the neuro-mechanical theory of Meinert.
3rd. The neuro-intoxication theory of Schwerdt.

The first theory, although not purely a mechanical one, is chiefly such. It does not ask for any antecedent nervous cause, but it implies a weakness of the suspensory ligaments of the transverse colon, especially the colico-hepatic ligament. The descent, Glénard claims, begins at the hepatic flexure and the other events incident to the disease follow, viz:—The entero-stenosis due to a kinking of the colon at the point of prolapse, the *corde colique transverse*, the gastroptosis, the constipation, the auto-intoxication, the neurotic manifestations, etc.

The second theory, which we may characterise as the neuro-mechanical one, is advanced by Meinert; in short, Meinert attributes the symptoms associated with "dropping of the viscera" to the constant stimulation and irritation of the sympathetic nerves, as a result of pulling and stretching of these nerve fibres. This has its deteriorating effect upon the blood, through the blood-forming organs, and the general nervous system, and hence chlorosis, neurosis and all sorts of vasomotor disturbances.

The third theory is that of Schwerdt already alluded to in speaking of the etiology of the disease. The nervous system is primarily at fault—the fibre of the individual is *toneless*; the functions of the abdominal muscles, both parietal and visceral are not normal, intra-abdominal pressure is lessened—ptosis takes place. There is stasis in

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the blood and lymph vessels, the bowel contents decompose, the excretions are not carried off, absorption of poisonous products goes on and auto-intoxication results—dyspeptic manifestations, neurasthenia, headache, anæmia, lack of energy, palpitation, etc., etc. Polyuria follows as a consequence, while Graves' disease, scleroderma and myxœdema, are theoretically possible as results of visceral irritation and intoxication. However obscure the causes of the three diseases may be, few are ready to accept this as an explanation of their etiology.

When we consider the altered relation of the abdominal viscera in a condition of ptosis, the interference with the motor function of the intestine, the great tendency to constipation, the resulting distress and pain, it is not difficult to understand how a state of mental depression or nervousness and of general nerve weakness may result. In whatever relation these two conditions may really be, it is not hard to understand that enteroptosis may be a direct cause of the neurasthenia.

Chlorosis and enteroptosis are doubtless related in both respects.

Chlorosis on the one hand has been regarded as due to a neurosis, on the other as an intoxication, and it would seem that in the teaching of Meinert some ground for both these theories existed. The left-sided pain is common in chloro-anæmia, and Taylor refers this pain to distention of the colon in an organ displaced downwards. In one of our cases of marked enteroptosis the pain was constantly referred to the left side of the abdomen in the upper quadrant.

Jaundice in such cases may be due to :—

1. Passive congestion of a displaced liver and its results upon the bile passages.
2. To obstruction in the duodenum.
3. To direct pressure upon the bile ducts exerted by a floating kidney.
4. Other causes.

Constipation has already been explained.

Gastric dilatation was at one time thought to be due to obstruction to the duodenum and pylorus, caused by the floating kidney so commonly found associated with it ; it is doubtful if such can be the cause. The position of the stomach and the lack of tone so common in such cases doubtless extends to the muscular wall of the stomach, and in these conditions one finds sufficient explanation for the dilated condition which is rarely pronounced.

The indications for the treatment of enteroptosis as originally recommended by Glénard, are as follows :—

1. The intestines must be elevated and kept in their new position.
2. The abdominal pressure must be increased.
3. The bowels must be regulated.
4. The secretions of the intestinal glands must be increased.
5. The digestion and nutrition must be regulated and stimulated.
6. The whole organism must be strengthened.

These indications, in many instances, are met by the *body binder* so applied as to exert upward pressure and thus support the prolapsed organs while it increases the intra-abdominal pressure. It may be made by ordinary grey cotton pinned firmly about the body.

Then mild purgatives are needed. Massage of the abdomen often does good in stimulating the movements of the bowel and giving tone to the abdominal muscles. The same may be said of electrical (Faradic) applications.

Then the use of alkalies and the choice of such a diet as is most nourishing and easily digested are of importance.

Recently both hot and cold baths have come into favor as giving general tone to the circulation, and Buxbaum recommended the cold Sitz bath as inducing favorable results, especially by reason of its action upon the intestinal circulation and secretion. He advises that they be taken daily for two—five minutes.

The chief advance in the treatment of the condition since 1886 has been in surgery, by which some brilliant results have been brought about. Recently reported cases have come from Treves, in England, who sutured the liver to the abdominal wall ; Bernhardt, Ferrari, Terrier and Hartmann, in Europe, and Byron B. Davis, Stengel and Beyea, in America. Gastropexy and gastrorrhaphy have, in different cases, given good results ; while in Stengel's case, operated on by Dr. Beyea, the gastro-hepatic omentum and gastro-phrenic ligament were shortened by a tuck made with multiple sutures, thus bringing the stomach up towards its normal place.

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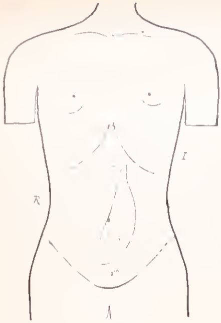
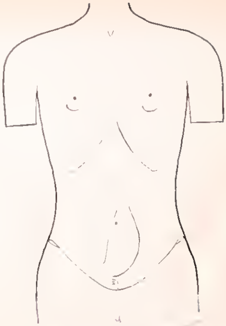


FIG. I Outline of Gastro diaphane



F[illegible] II. By Gastro di[illegible]

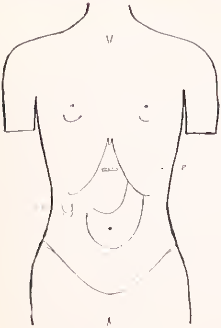


FIG. III. Gaseous Inflation. Stomach about 5 inches wide

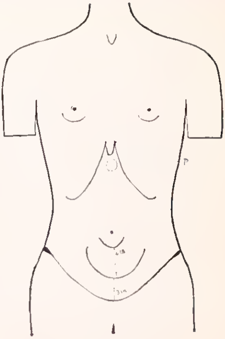


FIG. IV. Gaseous Inflation.

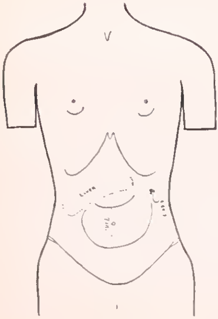


FIG. V. Gaseous Inflation

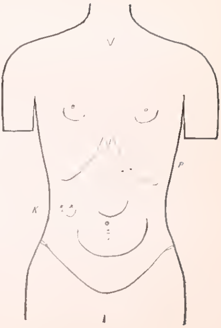


FIG. VI Gaseous Inflation.

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Clinical Reports.

NOTES OF TWO OBSTETRICAL CASES.*

By W. Rockwell, M. D., River Hebert, N. S.

The first case I wish to report is that of Mrs. W. M., aged 25 years. Her family history is good, both parents living and in good health. She herself is a stout, robust and well developed woman. Have attended her sisters in labor and never found anything out of the ordinary in their cases. Attended her in her first confinement in March, 1896. Labor was apparently normal and not more severe or prolonged than the average. A short time after third stage was completed the hemorrhage seemed quite profuse, and during first twenty-four hours she had three or four similar attacks. It was, however, controlled without any particular difficulty. Perhaps it would hardly be demonstrated post-partum hemorrhage, but very near the border line. After this everything progressed normally and she made a good recovery.

Her next labor was in August, 1897. My associate attended her in this labor, which was quite normal, remaining an hour after completion of third stage when he left her, not knowing of any previous history of a tendency to hemorrhage. One hour after this, as I was passing, I went in and found her quite prostrate from hemorrhage. I may say that in both labors she had had a dram of ergot after completion of third stage. I emptied the uterus of clots and used manipulation over the fundus with the hand. Stayed with her about eight hours, having to keep up pressure as the uterus would relax whenever my hand was removed. She made a slow recovery being very anæmic for three or four months but had no other complications. She, however, regained her former healthy condition.

Her next labor was in April 1899 and was in every way normal with no tendency whatever to post-partum hemorrhage. I stayed an hour and finding no tendency to hemorrhage went home and no further trouble ensued.

In this last labor, one month previous to her expected confinement, she was put on treatment as suggested by Dr. Atthill which consists in administering ergot and strychnia three times daily. The treatment is begun about the thirty-fourth week of utero-gestation and continued for three weeks; then a period of five days is passed without it when it is again begun and continued till labor sets in. In this particular case she was given :—

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* Read at meeting of Medical Society of Nova Scotia, Truro, July, 1899.

℞ Fld. ext. ergot ....℥i
Liq. strych...........................ʒii
Aq. ....q. s. ad. ℥iii M.
Sig.—ʒi t. i. d. in water.

She was kept under this treatment steadily for five weeks with the exception of a period of five days beginning at the end of the third week of treatment. She then had an interval of three days without medicine followed by a week when it was again administered, this order being kept up to within one week of her confinement during which time she took no medicine. She expected to be sick the first week of March The above treatment was begun the first week in February and she was. not confined till April 16th., her labor having been postponed by the treatment as I suppose. The author claims that it will do this. The labor was very satisfactory throughout and I am inclined to credit the treatment for the absence of hemorrhage.

Second Case.—Was first called to see Mrs. S. W., aged 22, on the morning of Sept. 29th., 1898, at 5 a. m. Did not know family, but as near as I could gather found a history of tuberculosis among her cousins but none in her own family. She herself was a slight delicate looking woman and this was the first time I had seen her. I examined her and found her in labor. The passage and passenger were, as near as I could tell, normal and the latter in the L. O. A. position. Os was between a twenty-five and fifty cent piece in size and quite soft, and to appearances dilatable. Pains were not so vigorous as one would ordinarily find at this stage. Gave an enema and cleared out the bowel with the hope that it would increase vigor of contractions. This, however, it did not do and at seven o'clock gave fifteen minims of fluid extract of ergot, there not being any progress thus far and the pains just about as they had been. At eight o'clock examined again and found no change only that pains did not seem so strong. Gave fifteen minims more of fluid extract of ergot There was now some show. Examined again at nine o'clock and found no change in parts and pains had left her. Stayed with her until 11.30 when no signs of pains returning, left and returned at 4 p. m. Found that pains had returned again at 2 p. m. and at 4.15 p. m. child was born. After second stage sat down with hand over uterus and found it well contracted, not noticing up to this time anything out of the way, and was waiting to give a little rest previous to completion of third stage. Ten minutes after second stage was completed she called my attention to the fact that she was flowing very much, the uterus not having given any warning to my hand. I looked and found she was flowing freely. I at once delivered placenta which came away readily, and introduced two fingers into the vagina posterior to cervix and placed other hand over fundus, thus having the uterus between my two hands. This I was enabled readily to accomplish in this case as the woman was not stout. I thought by this procedure to control the hemorrhage. I had the nurse at the same time to give a dram of ergot. This was not sufficient, however, to control the hemorrhage, although I could keep the uterus from filling up and distending. I then used a very hot intra-uterine douche of hot water with a little creolin. This did not control it and in twenty minutes I gave a second dose of ergot. Getting no effect I came to the conclusion that ergot was doing no good if not positive harm. I then gave at intervals two intra-uterine hot douches, using acetic acid. I stayed with her holding uterus as above stated for four hours. She was unconscious from loss of blood before it was controlled. When I got it checked she began to vomit. Gave her whiskey and nourishment by the bowel and strychnia hypodermatically. Remained till 10 p. m. They sent me word next morning that she was doing fairly well. She made a very slow recovery devoid of anything to remark except the anæmia which persisted. She never regained but a measure of her former health and some three months later developed tuberculosis which ended fatally in May last. This case I may state was attended by my associate and I have the report from him.

◆

A CASE OF PENETRATING GUNSHOT WOUND OF THE ABDOMEN WITH LESIONS OF INTESTINES SUCCESSFULLY TREATED BY IMMEDIATE OPERATION.*

By NORMAN E. MCKAY, M. D., M. R. C. S., (Eng.,) Professor of Surgery,
Clinical and Operative Surgery, Halifax Medical College,
Surgeon to the Victoria General Hospital, Halifax.

Perforated gunshot wounds of the abdominal wall with intestinal lesions are of interest because of their high mortality.

Paul Ziegler, writing on the treatment of these wounds, says that in the University of Munich they have treated seven gunshot wounds by immediate laparotomy with a mortality of 58 per cent. He advises immediate operation as the best and wisest course to pursue, as it is impossible to tell from the symptoms, in the majority of cases, whether or not perforation has taken place.

I do not know of any case of penetrating gunshot wound of the abdomen with perforation of the intestines treated by immediate operation having been reported in Canada.

The following case I had in my practice last year:—

R. H., aged 34, teamster, married, was admitted to the Victoria General Hospital on the night of August 8th, 1898, with a bullet wound of the abdomen and also one of the left side of the chest immediately below the axilla. The latter wound was not more than skin deep When the man was brought into the hospital, he was in a semi-stupid condition from liquor and morphine that had been injected to relieve pain, so that it was difficult to get from him any reliable data regarding the shooting accident.

He had been a hard drinker all his life time, and was drinking heavily during the five weeks immediately preceding the accident. The evening of the shooting, he and a chum forced an entrance into a small beer shop by the road-side, four miles out of the city. The patient is a very muscular and powerful man. When he entered the house he was met by the proprietor with a loaded revolver, who fired at him, the bullet entering the left side of the chest a little below the axilla. This staggered him somewhat, but he soon recovered himself and rushed at his assailant, who again fired at him. This shot took effect. The bullet entered the abdomen about three inches to the right of the umbilicus and on a level with it. The man fired at him the third time, but missed. The patient fell on the floor unconscious, in which condition he remained for some time, but he had recovered by the time the doctor arrived with the ambulance. He was suffering great pain, so much so that the doctor who saw him first had to give him $\frac{1}{4}$ gr. morphine hypodermically. The shooting took place about eleven in the evening, and he got to the hospital at 12.30, just an hour and a half after the accident. After some little time I managed to get out of him that his assailant was standing at a distance of about three feet right in front of him when the second shot was fired. Judging, therefore, from the relative position of the two and the distance they were apart when the shot was fired, I was satisfied that the bullet had perforated the intestines. Very little hæmorrhage went on internally, for the man had no appearance of shock when I first saw him or subsequently. The pistol used was a 32 calibre one.

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* Read by title at the Annual Meeting of the Canadian Medical Association, Toronto, August 31st, 1899.

Prognosis was of course unfavourable. I decided to operate at once, or not at all. I explained to the man as best I could to a person in his condition the serious nature of the accident, and strongly impressed upon him that the only thing to be done to save his life was an immediate operation, to which he consented.

The patient was prepared at once for operation in the usual way. (Parts washed and scrubbed well with soap and water, then with ether, and, lastly, with bichloride, 1 in 500.) Ether was the anæsthetic used. The abdominal cavity was opened by a vertical incision about five inches long, three-quarters of an inch to the inside of the bullet wound, so that the middle of the incision was opposite the wound. Upon opening the peritoneum, I came right down on the upper part of the ascending colon which was distended with gas. It looked all right. There was no blood in the peritoneal cavity, neither was there any evidence of extravasated fæces.

I now probed the wound in the abdominal wall to determine, if possible, the course the bullet took after it had entered the peritoneal cavity, and as far as I could make out it was antero-posteriorly. There was no wound of exit. I then searched for intestinal perforation, and found a wound in the colon near the hepatic flexure. I detected the perforation by the noise of gas escaping through it when I pressed the wall of the colon together, and in like manner the other three wounds were located. There were two wounds in the colon, one of inlet and one of exit, and two wounds in a loop of the intestines which happened to be lodged behind the colon in the line of the bullet's course. The wounds were small and difficult to locate: there was no loss of substance; the intestinal walls were simply lacerated. The operation was performed at night with artificial light. The distended state of the intestines with gas was very favourable for locating the wounds, which I closed with a Lembert suture.

On satisfying myself that there was no other wound of the intestines, I lifted the wounded portion of the bowel from the abdominal cavity and douched them thoroughly with bichloride lotion, 1 in 8000, and then returned them and flushed the peritoneal cavity with normal saline solution, and after drying the parts thoroughly, the abdominal wound was closed with three rows of sutures, the peritoneum with continuous catgut, the muscles with interrupted sutures of catgut, and the integument with interrupted sutures of silkworm gut. A glass drainage tube was inserted in the wound for twenty-four hours.

He stood the operation well. For the first twelve hours after the operation the patient vomited considerably, but he complained of very little pain. His stomach kept irritable for three or four days, and for the first six days his temperature ranged between 99° F. in the morning and 101.8° F. in the evening. The next four days, however, his temperature and pulse were normal, and he felt well. All this time he was fed with liquid diet and his bowels were quite regular.

About the 19th of August, the tenth day after the operation, he complained of deep-seated pain in the region of the wound, and his temperature ran up to 101° F. and on the 21st, at 9.45 p. m., it was 102° and the pulse 88. The pain was much worse now, and it extended down the front of the right thigh to the knee in the course of the anterior crural nerve. It was so intense that he was unable to straighten his limb. He had no chill at any time during the progress of the case. From now till the first of September his temperature ranged from 100° to 103°, and his general condition continued much the same. It was quite plain now that the bullet was lodged in the vicinity of the roots of the anterior crural nerve. Two or three unsuccessful attempts were made to locate it with the X-rays. After he took the change for the worse his side was bathed with boracic lotion as hot as he could bear it, three times a day, and large gauze pads soaked in the hot lotion were kept continually on his side. About the 1st of September he began to improve, and continued improving steadily till he completely recovered. He was discharged well on the 24th of September. He has been attending to his usual work ever since, and has not been ill a day.

Selected Article.

EXPERIENCE, JUDGMENT AND LUCK.

ILLUSTRATED BY A COMBINATION OF GONORRHŒA AND PREGNANCY AND TWO UNUSAL ABORTIONS.

By Nelson W. Wilson, M. D., Buffalo, N. Y., Attending Obstetrician St. Mary's Infant Asylum and Maternity Hospital.

A recent writer in designating the qualities which should be possessed by a successful physician, named an unfailing nerve, exquisite good nature and ready resource. To these might have been added experience, judgment and luck. They do not teach any of these in medical colleges of today. One gets excellent instruction ; one gets quizzed, and one gets the benefit of a teacher's experience, provided the teacher has that happy little trick—too rare unfortunately—of being able to give a parcel of raw material students the good of his experience. But experience comes with practice ; judgment comes with experience and luck comes sometimes like a visitation of Providence, masquerading as experience, and very often giving judgment and experience, both, the very healthiest kind of help when a lift is most needed.

When a new doctor begins practice he takes the first lesson in experience—judgment follows as a matter of course. If the Lord is with him, and his patient has fighting powers, his judgment is apt to be good. In other words, he has luck. Three cases will illustrate the triple title of this article.

In the days of the first flush of college weaning, when the faculty had signed themselves down on my diploma, and the great state of New York, through the regents, had officially certified to my ability to practise medicine and surgery, and gave me a legal right to charge for my services, I was called to see a young woman who had come to Buffalo from the Queen's colony, across the river, full of shame, and a story of wrong. She had all the preliminary requirements for membership in a mothers' congress, save a marriage certificate and a ring. Being naturally sympathetic and anxious to show my interest in the fortune and misfortunes of my patients, I listened to her long story of how it happened.

Still as a sort of reward for my sympathy and services to be rendered I was informed that the gentleman who was at fault in the matter was willing and ready—nay, anxious—to pay all expenses of her illness. This and the fact that I was practising with all the earnestness, if not the ease, of a "real paid doctor, who carries a bag," enthused me. How I discovered that the young lady was also suffering with gonorrhœa is quite as long, and quite as sad as the story of her life. Truly, the gentleman, secure under the protecting folds of the red cross of St George, was lavish with his favors. I cannot truthfully say that he killed two birds with one stone, but it seemed figuratively speaking, to amount to that.

At any rate, I went to work. Twice a day I visited that woman for days and days ; I irrigated her carefully and conscientiously, and happy was the day, when the discharge had ceased and she was rid of the trouble, with the other looming up in the near future.

I saw her, then, every few days after that for a few weeks, sympathising with her, cheering her and looking wise. And one morning I called and found that she was free from trouble and that her baby had been born in the early morning hours, without any discomfort to speak of, and that a neighboring physician had been called in after the birth of the baby and had taken charge of the case. While I was there he came in. He was an oldish man, with a supernatural wise look and ragged whiskers. *En passant*, always get to windward of a supernaturally wise-looking man who wears his whiskers ragged. He had assumed charge, and he had a snap lock on that case. He could not relinquish the care of that baby, nor that woman. He always "saw a labor case through," he said. And he did. Oh, yes, I would be recompensed for my share of the work.

He saw the case through and the gentleman in Canada paid forty good United States dollars to my friend with the supernaturally wise look and the ragged whiskers. I was to use a racing term among the "also rans." I felt for a long time like that "fore and aft" regiment Kipling wrote about, which was stalked and potted from out the dark by the heathenish, knife wielded Paythans.

This is experience.

"I've had four children, an' I'm not goin' to have any more, doctor, not if can help it, for th' old man's got a bad habit of drink, and the rent comin' due every thirty days, an' me doin' a full day's washin' every day for six days out of seven, to keep the sheriff out of th' house. I'm near four months gone now, an' can you gimmie somethin' to help me."

That was the opening of she whom I call my judgment patient. I used, in answering her, the words of an old practitioner, who had given me the benefit of his years of wisdom, in many a comfortable hour's talk.

"You want to get rid of it?" I asked.

"I do," she said.

"If you will do as I say, I will guarantee that you wont have any trouble. You go home, and live as you have been living. Take care of yourself. Don't overwork and in five or six months you will be all right."

She came of a quick-witted race and she saw the point. She was good natured about it, too. Two weeks later, I was sent for. It was Sunday, at 11 o'clock in the morning. I found her in bed.

"It come," she said, pointing vaguely at the bed clothes. Turned back the coverings and there between her thighs, wrapped in a piece of sheet, lay a fœtus, probably four months, dead and dry, the clothes stained and hardened, the fœtus attached to the cord, which passed into the vagina.

"When?" I asked.

"Last night, about 8 o'clock," she answered. That dead fœtus had been there fifteen hours. Then I was stricken with a dash of judgment.

I covered up the little corpse and wrote a note to my old doctor friend, asking him to come. He came at once. While awaiting him I gathered the history. The previous Tuesday "after a hard day's washing" she had pains. They continued all Tuesday night and Wednesday. They eased up Thursday; Friday there were more, and still more Saturday. Saturday afternoon at 6 o'clock she went to bed and at 8 o'clock the fœtus had come away dead. It was attached. She waited an hour or so for the placenta. It not coming she had tugged on the cord, but could not budge it. All Saturday night and early Sunday morning she had at different times tugged at the cord and failing to get it clear, had sent for me. I had recently delivered a vi-para in the house where she lived. The case was perfectly normal and things went along with neatness and dispatch. This woman was present, and I presume she looked upon me as a sort of boy wonder.

When my old doctor friend came, I had her repeat the story to him. He saw the condition of affairs and after cutting away the fœtus, tried to clean out the uterus with his fingers. He could not and finally curetted her. She was in anything but good shape. She recovered finally, however, under my old doctor friend's care. She probably would not had I plunged ahead on my own responsibility, and then there would have been all sorts of ugly aspects of the case. I consider that my judgment center was working full time when I sent for assistance and a man of years and irreproachable standing. He found things as I found them and he assumed charge. It was a charity case and that made me feel content at his compliment: "You showed great judgment in sending for me in a case like this."

The luck case came to me recently with this history. Six weeks previously she had a miscarriage. She was employed on a lake vessel, and believing that every thing had come away, continued her duties. She flowed considerably for a week Then the flow lessened, for a few days only to begin again. This kept up for four weeks. She had lost considerable blood, evidently, for she was very weak. She went to a doctor in one of the cities at which the boat stopped, and "he put pincers in and took out the after-birth." That was two weeks previous to her visit to me, and she had been flowing most of the time since. She was very anæmic and weak. Her legs were œdematous and she was, as she expressed it, "not a bit of good for anything."

I found the cervix dilated sufficiently to admit my index finger, and I felt and removed a piece of placenta the size of a silver dollar. The uterus was thoroughly cleaned out and irrigated. Her urine was examined and found to be albuminous. She was instructed to rest, was put on Basham's mixture and strychnine and she sailed away in her boat on its next trip out, a few days later, her duties being assumed by another woman. When the vessel touched Buffalo on its return trip I saw her. She reported that there had not been any flowing whatever, her urine had cleared up, the œdema was about gone, and her lips were getting along toward the natural color. She was feeling better, too, and stronger.

If there is an element in this case more predominant than another, it is luck. Here was a woman who had every opportunity to enter upon a long and dangerous siege of sepsis. I don't pretend to figure out how she escaped. I only know she did, and I attribute it to luck.—*North American Medical Review.*

THE
MARITIME MEDICAL NEWS.

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Editorial.

WHERE ARE WE AT?

The stress of the life of to-day bears no less heavily upon the physician than upon those engaged in other than medical pursuits. The crowding of the profession, the multiplication of medical charities, the luxuriant development of quackery, and the dissemination by the lay press of enough of medical lore to instil into the lay mind the conceit, that a little knowledge of medicine is sufficient and to encourage the tendency to self-prescription—all these tend to lessen the doctors' income and to make his very existence precarious. Ample evidence has been adduced to show that a large number of the members of our profession are unable to earn a decent living. Many are the instances of hardships endured by worthy confreres; few are the instances in which fortune deals lavishly with our co-workers. And yet, throughout the whole profession, as strongly in the struggling beginner as in the well established "old doctor," there breathes a spirit of altruism which puts aside self-seeking, and which always gives the first place to the good of humanity, no matter what the financial risk. An occasional exception serves to but demonstrate more effectually the general existence of this unselfish disposition. The establishment of medical charities is always encouraged, usually in a most active manner, by members of our profession, and this in spite of the assurance that such charities will be abused and that the income from practice will be reduced accordingly. To those who have been unfortunate, to the poor and needy, the doctor is always ready to be a friend—to give his services freely and gratuitously, and no class of men deal so leniently with well-to-do delinquents as do the members of the medical profession. And yet, the noisy quack, who never does anything except for gain, the ignorant, obtrusive, boastful, self-assured, not-very-truthful and always unscruplous charlatan is much more apt at enlisting the sympathies of the public than is the modest, conscientious regular practitioner of medicine.

The reason for this anomaly—for surely it is an anomaly—is not easily found. Possibly it may lie in that eternal gullibility which the illustrious Barnum considered to be the secret of his prosperity. But if the cause be obscure the fact is all too evident.

In one of the most progressive of Nova Scotian towns an active campaign is being conducted in the interests of the consumptive. An eminent and energetic clergyman is in the van, and, as he has earnest supporters in the doctors of the town, there can be no doubt of the success of the movement. Opposition comes from one source. An itinerant promulgator of strange doctrine, who, despite ability to attach M. D. to his name, does not come within the pale of the regular profession, evidently scents danger of diminution of his income in the success of the venture. He has contributed some letters to one of the newspapers which, for sheer incoherence and absolute meaninglessness, stand unique, and which ought to give people a fair idea of the mental calibre of the author. And yet people considered to be intelligent have passed over reputable physicians and have given this man their countenance and their patronage.

It really seems that we can do nothing but deplore the peculiarity of mind which takes sides with the irregular as against the regular in medicine. There does not appear to be any treatment. We can only trust that the condition is self-limited, and that sooner or later men may see the lack of fairness and of reason now commonly shewn towards the medical profession.

IMPLANTATION OF THE URETERS IN EXSTROPHY OF THE BLADDER.

This condition is such a distressing one that almost any risk in the way of operative treatment is as a rule agreed to even if the surgeon can only promise the possibility of a good result. Transplantation of the ureters has been experimentally done in animals years ago, but so frequently was the operation followed by ascending infection that death seemed to be always regarded as a consequence.

Now, that the operation has been revived, it has been satisfactorily proven that ascending infection has been the result of cicatricial contraction rather than the direct effect of the operation itself. Exstrophy is the most important malformation of the bladder and is by no means uncommon. Therefore, we are glad to refer to a case recently operated on in Canada by the method referred to and in whom an ultimate cure seems hopeful. This patient was exhibited at the recent meeting of the Canadian Medical Association. The report of the case with remarks as published by several Toronto contemporaries is as follows :

Dr. Geo. A. Peters, Toronto, exhibited the patient and fully described the two operations he had performed on this subject. In addition to the exstrophy of the bladder, the patient had also had procidentia recti, and was therefore a great source of trouble and annoyance, disgust and loathing to his friends. The resulting deformity from this condition would be such as would be produced by taking away the anterior wall of the abdomen, below the navel. There is then exposed to view the posterior wall of the bladder, with the mouths of the ureters filling in the space between the wide separated walls. In this case he has removed the exstrophy of the bladder altogether. The scrotum is present and the testicles are descended. The condition is a congenital one, and due to defective development in the uro-genital parts. At the age of 2½ years the boy first came under the doctor's notice ; he is now 4½ years. All the organs and limbs were perfectly formed with this exception. On the broad, flattened and shortened penis, a groove descended down to the extremity thereof, the under skin of the urethra being exposed and also the mucous membrane of the posterior wall of the bladder. A rudimentary prostate could be seen, and at the lower part of the bladder wall the openings of the ureters could be detected. Around these there were excrescences, mucous in character. The surrounding skin showed very little irritation, though it was constantly bathed in the escaping urine, though the escape of urine was not constant. When the surface was dried it would remain dry for 15 seconds to 1 minute. A fine probe was inserted into these openings of the ureters, passed almost directly backwards. Both kidneys were somewhat prolapsed as could readily be determined under chloroform. Generally speaking, in these cases, the testicles have not descended. There was an entire absence of the pubic smyphysis. With the finger in the rectum, one can draw forward and easily detect that there is no smyphysis pubis whatever. The projection of the prolapsed rectum came down to his knee. The mucous membrane of this was irritated and tenesmus was frequent and caused suffering. The procidentia could be easily returned and the sphincter had some contraction, but when the hand was removed it would return. This condition called for immediate relief. Dr. Peters here exhibited to the meeting the result of operative procedures, which certainly was very gratifying to the patient, the parents and also to the surgeon. A description of the operation for the exstrophy of the bladder followed. The operation was done extra-peritoneally, and this operation would seem to hold out hopes, but the mortality is high. The ureters were fixed into each side of the rectum and almost immediately the rectum manifested a tolerance for the urinary secretion. In 48 hours after the operation the bowels moved, and after that the child got along without any difficulty. It is now five weeks since the operation was done and the bladder has all gone. Now, his urine is passed into the rectum, and almost immediately it manifested a tolerance for the urine. He can go from three to five hours. That day he had gone from 8 a.m., then at 11 a m., and again at 2.30 p.m., and at night he will go from four to five hours without passing anything from the bowel at all.

Dr. Cameron, Toronto, thought that this operation was bound to become the operation of the future. He instanced a case in which he had done this operation for a woman, in whom it had existed for 19 years. A good many of these operations have all proved failures.

Dr. Bell, Montreal, congratulated Dr. Peters upon the result of this case. He considered it a surgical triumph. The operation for the re-plantation of the ureters has been done for a good many things; and the question of the tolerance of the urine in the rectum is still a much discussed question. The results shown in this operation are good.

Dr. Shepherd, Montreal, thought that the operation was an ideal one and congratulated Dr. Peters upon the great success he had obtained in this case.

Dr. Peters, in reply: There is one point we must not lose sight of, that there is danger of death from ascending pyelo-nephritis. When the operation has been done in animals, that has been the cause of death. When contraction occurred, the ureter in the rectum would have a papilla. If we have a papilla projecting into the rectum, it minimizes the danger.

Society Meetings.

The annual meeting of the Nova Scotia Branch of the British Medical Association was held at the Halifax Hotel on the 18th instant.

The following officers were elected for the ensuing year:

President—Dr. E. A. Kirkpatrick.

Vice-President—Dr. G. C. Joues.

Treasurer—Dr. M. A. B. Smith.

Secretary—Dr. C. D. Murray.

Council—Surgeon-Col. McWatters, Drs. Chisholm, Walsh, Ross, Jones, Trenaman and McKay.

Representative on General Council—Surgeon-Gen. O'Dwyer.

The President elect, Dr. Kirkpatrick, on taking the chair, thanked the members for the honor conferred upon him in unanimously electing him to preside over the branch.

Obituary.

DR. A. C. PAGE.—The announcement of the death of Dr. A. C. Page which occurred on the 23rd inst., at Truro, reached us as the NEWS was going to press. Dr. Page was born in Truro in 1829, and was consequently 72 years of age. He graduated at Harvard University in 1856 and practised his profession for over thirty years. He was one of the first trustees appointed for the Truro public schools under the free school law of 1865, and had ever since been a commissioner of schools for Colchester. He had also held the offices of examiner at Dalhousie college; president of the Colchester Medical Association; president of the Nova Scotia Medical Association; president of the Provincial Medical Board. For many years, up to about one year ago he held the position of inspector of hospitals, asylums and poor farms, under the provincial government, which position he filled with marked ability and signal success. Owing to declining years he resigned and Dr. G. L. Sinclair was appointed. Dr. Page had also served as a surgeon to the 3rd Colchester and the 78th battalion volunteer militia, and was gazetted surgeon-major, September, 1882. In 1860 he married Miss Susan L. Blair.

Dr. Page was a good and public-spirited citizen, generous and warm hearted in his associations with the people, decided and firm in his convictions of duty and at the same time tolerant and respectful in his attitude towards those from whom he differed in opinion. He will be much missed in Truro and throughout Colchester county.

Matters Personal and Impersonal.

The marriage of Dr. R. J. Macdonald, Westville, and Miss Glennie, daughter of Walter MacDonald, Esq., Glendyer, Inverness County, took place early this month.

On the 10th. inst., at the "Pines," Miss Marie Louise, daughter of Dr. Thomas Trenaman, city medical officer, and Dr. Hugh L. Dickey, of Charlottetown, were united in marriage in the presence of a large gathering of relatives and friends of both parties. The "Pines" was handsomely decorated for the occasion, the drawing room, where the ceremony took place, being a veritable flower garden and presented a very pretty scene. A coincidence about the marriage was that the officiating clergyman, Rev. A. W. Nicholson, of New Glasgow, married the bride's father and mother, and also christened the bride.

The NEWS extends hearty good wishes to the happy couples.

Dr. G. Carleton Jones, who for two months was taking the practical course of the royal army medical corps at Aldershot, England, returned on the 17th. inst., after having passed a very creditable examination. Before leaving for home Dr. Jones volunteered his services as surgeon to the Canadian contingent. Dr. Charles A Wilson, of Montreal, however, has been chosen to fill that capacity, on account of being senior in the service.

Dr. H. S. Jacques, Captain of No. 3 Company, 63rd rifles, who was to command the Nova Scotian section of the Canadian regiment in South Africa, is confined to his residence through illness and will therefore be unable to undertake the trip.

The demand for Park's Emulsion has necessitated Messrs. Hattie & Mylius erecting an electric motor to more thoroughly and rapidly assist in emulsifying their preparation.

Drs. M. T. McLean and S. E. Shaw, have recently been appointed house surgeons to the Victoria General Hospital.

Dr. T. C. Lockwood, of Lockeport, sailed early this month to take up post-graduate work in London.

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PAMPHLETS RECEIVED.

CONCERNING IMMUNITY AND THE USE OF NORMAL NON-IMMUNIZED SERUMS.—By W. Thornton Parker, M. D., Westboro, Mass.

INVOLVEMENT OF THE EYE AND EAR IN CEREBRO-SPINAL MENINGITIS. —By William Cheatham, Louisville, Ky.

THE FAILURE OF ANTITOXIN IN THE TREATMENT OF DIPHTHERIA.— By J. Edward Herman, M. D., Brooklyn.

Matters Medical.

"WHY SHE LOVED HIM.'

A man of modern science woo'd
A maiden of accepting mood,
Who, dreading less infection might
Do mischief to her chosen wight,
With sol. chlorid washed her hair,
And sponged her limbs and body fair.

She rinsed her mouth with listerin,
And held her snow white teeth between
A pad of antiseptic gauze,
Covering her nose as well as jaws,
Which formed a sort of respirator
Between her and her osculator.

But this reminds. I should have told
That these were things he'd taught of old,
With others which I may not tell, in
Regard to spots that germs might dwell in.
She was a wise professor's daughter,
And practiced all that had been taught her.

Now, this good medicine man, with pride
Clasping his antiseptic bride,
In disinfected murmur low,
Asked, " Why she loved her doctor so?"
And, nestling softly down, she sighed :
" You're such a dear old germicide."

—*Public Health.*

Catgut Sterilization.—While personally entirely satisfied with the modifications of the formaline process for the preparation of gut as described at length in the *Recorder* for January, we feel that we can safely recommend the method of boiling in alcohol. Dowd devised a condenser for the alcohol, which is thus described by Copeland *(Med Age, Aug , 1899.)*

This condenser is made by encasing a coil of block-tin tubing in a cylinder of sheet copper. Two taps are inserted into the cylinder for the transmission of water in and out. The lower one is attached to a faucet of running water, and the upper one is fitted with a rubber tube to provide for the essape of the water. The crude catgut, as received from the dealer, is wound on glass spools and put into absolute alcohol in such an open-mouthed jar or bottle as is convenient. The piece of block-tin tubing at the bottom of the condenser is fitted into a perforation in the cork of this bottle or jar. The jar is then placed in a water-bath and boiled for one hour. This device is simply a still which recondenses the alcohol.

Alcohol alone has great germicidal power. Catgut boiled in absolute alcohol for one hour is, I believe, rendered sterile aud increased in strength. Repeated boiling does not weaken the gut. My belief is based upon twelve years' experience with catgut, prepared after this method, without a single bad result that could possibly be attributed to the catgut. Some objection is made to the time and trouble required to prepare catgut after this method. No method could be quicker or easier after we have the apparatus; no more than five minutes is required to bring the alcohol to the boiling point.—*Western Clinical Recorder.*

SOME OF THE MINOR IMMORALITIES OF THE TOBACCO HABIT.—Dr. Matthew Woods, in the *Journal of the American Medical Association*, writes on this subject. If these are the *minor* immoralities we would like to enquire what the *major* ones could be. He says:—"The vulgarity and licentiousness of the Press, with its mercenary pandering to vice, corrupting as it does that very fountain of national strength, the home; the lubricity, the demoralising baseness of the degraded drama; disfigurement of hoardings by the cigarette soaked indecencies of the variety stage, making it difficult for our children to walk the streets without contamination; the growing fondness for certain social functions with their flimsy vaudeville adornments: the mockery of and attempted obliteration of personal puritanism, the crass things done by tobacco-biased young people, degradation of seats of learning by the introduction of smoking-rooms, those hotbeds of vice and agnosticism, of ballet dancing and brainless burlesque—imbecility and irreverence under the auspices of fashion; defilement of public buildings by foul receptacles provided for a people so base that it is necessary to ask them to please not spit on the floor; the negro minstrel methods of some of our churches, the effeminacy of religious periodicals with their venal advocacy of successful quackery and fraud; the prevalence of the gambling mania among women; levelling all ranks, dissipating time so much needed in more ennobling ways; mediæval grotesqueries, euchre and wine parties for the spiritual and physical benefit of the outcast and sick, made so by gambling and drink !—what, unless completely engrossed in other things, could induce thoughtful men to silently submit to these but that indiscriminating drowsiness of conscience—'denying nothing, doubting everything'—so frequently induced by tobacco ?"—*Health*.

A PROFESSIONAL CARD.—The following is said by the *Medical and Surgical Reporter*, to be clipped from an Arizona weekly of respectability :

"J. E ———, M. D., PHYSICIAN AND SURGEON."
Heath Officer, City of —— ; for five years County Physician—County ;
Medical Director Department of Arizona, G. A. R. ; Late
Surgeon U. S. Army ; for 20 years U. S. Examin-
ing Surgeon ; the largest Medical Practitioner
in Arizona, and charges fees in propor-
tion to his size. His patrons will
find it to their advantage to
keep healthy.
Office and Dispensary, —— Street, Corner of ——.

COCAINE AND ITS ABUSE.—The cocaine habit is one of the alarming evils that is rapidly gaining in popularity in Kansas City, especially among the negroes and lower class. The police court sees daily evidences of this great evil, and an attempt to stop the sale of this drug should be on foot before the habit is stamped as a life-mark. It is surprising at the number of the colored population who are victims of this evil vice, which is more seductive than cigarettes or opium, or any other narcotic. One and the main reason is the great ease with which it is administered, no hypodermic needle being required, as they simply place a little of the drug in the palm of the hand and, by moistening it with a drop of water, use it as a snuff. Pleasurable sensations follow, succeeded in turn by intoxication, nausea and intense craving for more cocaine. As the desire and the capacity for the deadly drug increases, the indelible evidences of its use stamp themselves upon the face of the victim. The habit is quite frequently induced by patent medicines taken to cure catarrh, by the neurasthenic, or to cure nervousness by the hysterics and other unstable persons. These victims are daily being fined in the police courts, and many crimes are committed for the purpose of getting money with which to purchase this drug.—*Kansas City Medical Index—Lancet.*

THE TRAINED NURSE.—The science of treating and curing the ills of humanity has made greater advances in the last twenty years than in all the preceding years of the century. We are apt to look upon ourselves as being deserving of all the credit for this happy outcome of the end of the century, regardless of the fact that many other agencies that are practically outside of the medical profession have contributed. Much of the advance in medical science has been in the department of hygiene, both personal and general, and especially in the more intelligent and scientific methods of nursing. The trained nurse, who but a few years ago was an unknown quantity, has certainly come to be the helpmate for the hard-working doctor. To be sure, without the medical profession the trained nurse would never have been in existence to-day. There was an evident need for her or she would not have been brought forward to fill the vacancy. She relieves the busy practitioner of much of the worry which would otherwise be his lot in treating his patients. Many of us can remember, and not very long ago either, when the doctor, even the city doctor, was obliged to be, to a great extent, his own nurse, and often in the minds of the laity the physician was judged largely on account of his nursing abilities. To be sure, the trained nurse ofttimes, and worthily so. has ambitions looking forward to usefulness in a more advanced direction. Her knowledge of medicine she improves ; she learns anatomy, physiology and chemistry, and it is but natural that she should acquire a taste and laudable ambition to still further investigate into the mysteries of medical learning. This has resulted at times in arousing antagonism toward the medical attendant. In other words, the nurse is inclined to be too independent, and often dictates to the attending physician. In doing this she is treading on forbidden ground and is encroaching upon the rights and dignity of the physician. This is the tendency of the present-day system of education in the training schools, and it certainly cannot be systematically tolerated. It is an evil that physicians in general must meet. The intimate relations in which the physician and the nurse are thrown require that there be harmony between them. But there should never be any question as to the matter of authority. There is no question but that the faithful nurse is the best assistant and the best friend that the modern physician can have. Her intimate relationship with the patient places her in a peculiarly advantageous position to make or mar the physician in the estimation of the patient. The faithful trained nurse will always use her position to advance the interests of the attending physician, and we believe that she nearly always does. We cannot speak too highly of the nurse as an angel of mercy to the helpless patient, for such she has in the main proven herself to be since her advent upon the scene of human suffering.—*Western Medical Review.*

Therapeutic Suggestions.

PILLS FOR THE HEADACHE OF NEURASTHENICS.—The *Riforma Medica* gives the following formulæ:

1. ℞ Zinc phosphide	0.23 grain.
Reduced iron	3 grains.
Extract of nux vomica	1.8 grain.

M. Divide into eight pills. Two or three to be taken daily.

2. ℞ Zinc valerianate	each 18 grains.
Iron sulphate	
Extract of rhubarb	
Asafœtida	

M. Divide into twenty pills. One to be taken three times a day.—*N. Y. Medical Journal.*

FLATULENCE.—℞ Beta-naphthol	2 grains.
Poplar charcoal	8 grains.

To be taken immediately after meals to avoid dyspeptic fermentation.—*L' Union Medicale du Canada.*

INJECTION IN HEMORRHOIDS.—Internal piles suitable for the injection method may be injected with:

℞ Acid carbolic	ʒiss.
Acid salicylic	ʒss.
Sodæ biboratis	ʒi.
Glycerini (steril.)	q. s. ad. ℥i.

M. ft. solutio.

Sig.—Two to four minims to be injected into the base of the hemorrhoid. If other injections are required they are made in from three to five days.—TUTTLE.

CHRONIC NEURALGIC HEADACHE.—A formula ascribed to Henry J. Kenyon by the *Journal of the American Medical Association* as an alterative to diseased nerves in chronic neuralgic headaches, etc., is:

℞ Zinci phosphidi	gr. $\frac{1}{40}$
Ext. cannabis Indicæ	gr. $\frac{1}{8}$
Ext. nucis vomicæ	gr. $\frac{1}{8}$
Sodii arseniatis	gr. $\frac{1}{64}$
Quinine sulphatis	gr. $\frac{1}{2}$
Ext. aconiti radicis	gr. $\frac{1}{10}$

M. ft. tab. No. 1.

Sig.—One such at 10 a. m., 4 and 9 p. m.—*Medical Bulletin.*

TREATMENT OF DYSPHAGIA AND COUGH IN TUBERCULOUS PATIENTS — In a very clear and candid article on this subject, read by Dr. Freudenthal before the German Medical Society of New York, after citing the uncertain and often unsatisfactory results following the curettage of ulcerations in the larynx, the author gives at some length his experience with orthoform and heroin. Of some twenty-nine cases in which he had curetted tuberculous ulcerations in the larynx, eighteen were improved, seven slowly improved, and four showed a temporary improvement. He regards the value of curettage as a still undetermined question in laryngology. Dissatisfied with his own experience he began in 1897 the use of orthoform insufflations among his tuberculous patients at the Montefiore Home. He used it alone and in various combinations, apparently getting the best results from the following emulsion:

℞	Menthol	10.0
	Oil of sweet almonds	30.0
	Yolk of egg (about two yolks)	30.0
	Orthoform	12.5
	Distilled water	q. s. ad 100.0

Ft. emulsio.

The emulsion containing yolk of egg is found to be of value in preventing a separation of the orthoform and also to lessen the initial burning and irritation to which an insufflation of orthoform gives rise. He used intralaryngeal injections of this emulsion with the ordinary laryngeal syringe.

The other remedy which Freudenthal regards as so essential in tubercular affections of the larynx accompanied by cough is heroin, the morphine derivative. Heroin is quite devoid of the disagreeable after-effects of the morphine and codeine salts, while its sedative action upon the cough is prompt and decided. He lays stress upon the demonstrated fact that heroin affects neither the heart nor the circulation, and is a safe remedy to use in patients who may have some heart lesion.—(*Monatsschrift fur Ohrenheilkunde*, vol. xxxiii, No. 3.)—*Medical Age.*

DELIRIUM TREMENS.—

℞	Potass. bromid.,	
	Sodii bromid	aa gr. xv.
	Chloral hydrat	gr. x.
	Tr. zingiberis	♏x.
	Tr. capsici	♏v.
	Spt. ammonii arom	ʒ j.
	Aquæ	ʒ ij.

M. Sig.: Dose, a dessertspoonful.—*Vanderbilt Clinic.*

Sanmetto For Developing Comeliness of Form.—I confess that I have used sanmetto for years and always with excellent satisfaction to myself and patients. This case for which I ordered sanmetto was on the experimental order. Young lady, about twenty-one and contemplating marriage, to her exceeding sorrow she had practically no bust development whatever. I wanted to know whether sanmetto would have any decided effect upon the mammary glands or not. She has taken one and one half bottles, and bust measure has increased over one inch. The bosom though small is now well formed and firm.

Long Prairie, Minn. J. F. Locke, M. D.
Commander E T. Wood Post No. 100, G. A. R.

A Want Felt and Filled.—If the doctor had never accomplished anything more definite in his life work than the relief of pain, than amelioration of human suffering, he would not have lived in vain. It is all very well to say that pain is physiological, that is the cry of the nerve for more blood, yet its continuance cannot be borne by the patient, even by the most heroic Spartan. Long continued pain is dangerous, and while of course we never wish to obtund and remove it so completely as not to be able to ascertain its cause, and remove the same, yet the best interest of our patient requires from time to time the administration of that which is opposed to pain. Remedies like opium which relieve the pain and at the same time are exhilerating and alluring in their effects are most oft-times dangerous in the remote demoralization which they produce upon our patient. A remedy for the relief of pain which does not tie up the secretions, which carries with it no exaltation and no fascinations which tend in the direction of developing drug habits is a desideratum. Five-Grain Antikamnia Tablets certainly meet this necessity. Antikamnia is also more prompt and decided in its action in labor than opium, and has none of the unpleasant after effects. It may be continued in smaller doses to control after-pains, and rather favors than interferes with the secretion of milk.

A Diamond for a Dollar.—A limited special offer which will last for ten days only.—Genuine Pomona Diamonds have a world-wide reputation. It is almost impossible to distinguish them from genuine diamonds costing hundreds of dollars each. They are worn by the best people. We will forward a Genuine Pomona Diamond mounted in a heavy ring, pin, or stud to any address upon receipt of price, $1.00 each. Earrings, screws or drops, $2 per pair. Ring settings are made of one continuous piece of thick, shelled gold, and are warranted not to tarnish. Special combination offer for ten days only. Ring and stud sent to any address on receipt of $1.50. Send for catalogue. In ordering give five finger measurement by using a piece of string—also full particulars. Address plainly, THE POMONA CO.
1181-1183 Broadway.
New York.

THE
MARITIME MEDICAL NEWS,
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Original Communications.

REMARKS ON PUERPERAL ECLAMPSIA WITH REPORT OF CASES.*

By James W. Bridges, M. B., Fredericton, N. B.

Mr. President and Gentlemen :

In presenting this paper, it is apart from my mind and present intention to enter into any long or exhaustive dissertation on this most complicated and fatal condition.

To enter into its history and the various theories suggested as to its etiology, so far from being comprehensible in a brief paper such as this, would surely fill a very considerable volume. For, if there ever were a disease concerning which one set of great thinkers established theories and speculations, only to be in turn routed when human investigation was permitted to enter itself one hair's breadth further into the mysteries of physiological truth, " Puerperal Eclampsia " seems to me to stand unique. And, although the latest researches of the various experimenters seem to point to a pretty well established pathology, there still is yet some difference of opinion, and a good deal, from a clinical aspect, that is mysterious.

I present this paper to you to-day, not because I presume to know more of the subject or feel competent to instruct this august assembly of scientific thinkers, but simply to draw out a discussion on a very important subject.

I think we can scarcely estimate the vast amount of benefit which we all may derive by open discussion on these papers.

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* Read at meeting of New Brunswick Medical Society, Fredericton, July, 1899.

Those of us who are young look to the older and more mature for "pointers," so to speak, to help us through some of the more obscure and intricate labyrinths of our professional career.

The interchanging of ideas and experiences upon these complicated questions, the rubbing of intellect against intellect in earnest debate, must surely have the effect, like silver coins when rubbed together, of clearing away the rust and dross and exhibiting the shining metal of truth to our mutual good.

This subject of puerperal eclampsia especially appeals to me, for my last experience was a rather bitter one, and deprived a fond husband for the *second* time, of a loving wife. Since my obstetric practice began, twelve years ago, it has been my misfortune to lose two patients during the pangs of childbirth, one from post-partum hæmorrhage and the other from puerperal eclampsia, and by a strange fatality both belonged to the same husband and each in turn left him with a helpless child to nurse.

Puerperal eclampsia, then, may be truly said to be one of the most sudden and serious conditions which complicate pregnancy and the early puerperium.

The nomenclature is perhaps a little misleading as by it one would conclude that the seizure, the bursting, or shining forth, as the word, derived from the Greek, would imply, was confined to that period which is usually considered to begin after the child is born and the third stage of labor completed, whereas puerperal eclampsia so-called, may take place *any time*, after the early months of pregnancy, until three or four days of the puerperal period have elapsed.

Hence we may be confronted with the perplexing malady either *before*, *during*, or *after* labor.

One author defines puerperal eclampsia as a symptomatic disorder characterized by convulsive or epileptiform seizures that suddenly come on *prior to*, *during*, or *after* labor.

This definition gives us no hint as to its cause, although various attempts have been made among the observers of half a century ago and earlier to assign it to a derangement of the nervous system in some way related to epilepsy.

A little later it was observed that eclampsia patients exhibited an excessive amount of albumen in their urine, and this naturally directed attention to the kidneys as possibly the seat of the disease.

Uræmia was known to be a disease due to derangement of the kidneys, and as these two conditions exhibited so many symptoms in common, and as it was afterwards found that patients suffering from acute or subacute nephritis were more liable to puerperal eclampsia, it was concluded that they were slightly different aspects of one and the same disease.

When I was a student at Edinburgh the teachings of Simpson and Barbour were that there were two explanations of this disease. One was a theory proposed by Freich and supported by others, viz.: That it was due to the retention in the blood of urea.

The second theory was called Traube's, viz: That loss of albumen makes the blood hydræmic, and this with an hypertrophied left ventricle and pressure of the pregnant uterus on the vessels of the pelvis and extremities caused increased pressure and œdema of the brain.

With regard to the former Speigelburg and Braun actually proved the presence of ammonium carbonate, or carbamid, in the blood, and as this was found to be an antecedent of urea, it strengthened that theory. Yet a puzzling clinical fact that seemed hard to reconcile was that some patients would have puerperal convulsions who had never had albuminuria, and Speigelburg still maintained that pressure on some of the pelvic nerves was a factor in the etiology of the disease.

In support of the second theory, Monk and Otto found that by injecting water into the veins of dogs they produced hydræmia and the increased pressure on the vessels of the brain produced convulsions, much like those of puerperal eclampsia.

This was quite satisfactory until, shortly after, Olshausen, Schrœder and others found by autopsies on eclampsia patients that the brain was often dry, and there was sometimes a sclerosis.

Others observed that there was in some cases anæmia instead of arterial tension, and an increase of waste products circulating in the brain.

Santos believed eclampsia to be an acute peripheral epilepsy having its origin in the uterus and that albuminuria is simply a physiological condition of pregnancy.

Pajot declines to admit eclampsia to be dependent on albuminuria. He believes the cause is reflex, culminating in a cerebro-spinal centre in close proximity to the disorganized centre which presides over the existence of albuminuria, because, he says, the certainty of eclampsia occurring is not proportional to the amount of albumen present; that many that are highly albuminuric do not have eclampsia, while others who have only a trace die in a comatose condition; that women have died of eclampsia and yet no trace of albumen been found in the urine. He believes that albuminuria predisposes to attacks but does not act as an exciting cause.

Physiologists of to-day are startling us by their accounts of the toxicity of the waste products of the body; the greater amount of activity in the cells of the body, the greater amounts of waste products to be excreted or neutralized.

Some of these agents are so poisonous that unless excreted at once or transformed by chemical action into innocuous substances, a very serious and dangerous effect results.

The process of excretion and transformation of the excreta into simple and harmless products becomes very important as suspension of, or interference with, either of these actions leaves the organism with the power of poisoning itself. This is what is known as "auto-intoxication."

The power then of the organism to poison itself, or be poisoned, through an accumulation of its own waste products, or through the excessive production of ptomaines or toxic agents within its own tissues, is an established fact. These, by getting into the circulation, are soon carried to the brain, where they act on the centres in the cortex and may in a very short time, unless speedy elimination takes place, give rise to convulsions and epileptiform seizures identical with eclampsia.

Duhrssen's opinion, and that of all the more recent investigators, seems now to establish the fact that puerperal eclampsia is due to an auto-intoxication from the retained constituents of the urine.

Chamberlent, Bouchard, Riviere and others found the urine of parturient women to be less poisonous than non-pregnant, when injected into the veins of animals, and that urine of eclamptic patients is less toxic than either of the other, thus shewing that the waste products of the body that are usually eliminated by the kidneys are retained and thus render the blood toxic.

When Chamberlent, who was an assistant to the great French obstetrician Tarnier, reported this to his chief, the latter suggested a series of experiments by injecting the blood of these patients into the veins of animals to see if this was more toxic than normal serum. They found that it was, that the pregnant woman's blood was more toxic than the non-pregnant, and the serum of the eclamptic was more toxic still. They thus naturally concluded that, there being a relation between the non-toxicity of urine and the toxicity of serum, the theory of retention was the true one.

Their conclusions, to give their own words, is that "the gravid organism is saturated with poisonous end products of its metabolism, or at least, it is inclined to be overloaded with the same, as its blood serum is more toxic than that of the non-gravid, and the urine positively less poisonous. * * * The eclamptic serum is also more poisonous than that of the normal parturient, yet in some cases it produces a specific action upon the kidneys.

"The urine at the time of the increased toxicity of the blood serum, that is, the stage of convulsions, is less poisonous than that of the normal. There is no doubt that this toxicity is due to a retention of some urinary substance."

They furthermore state that this substance has a specific action upon the kidneys, producing hæmoglobinuria.

Now, what is the nature of this substance? They say "Pathology has directed our attention to grave lesions in the liver of the eclamptic patients, and hence it is not impossible that a disturbance of its function is connected with it. Experimental pathology furthermore teaches us that the liver plays an important part in the change of the products of an intermediate metabolism."

Now this intermediate substance that they point at is carambic acid—an intermediate state of urea. This substance has been found in the urine of animals whose livers were extirpated. They exhibited toxic symptoms and soon epileptic convulsions supervened.

It was done in this way. An Eck's fistula was established in a dog. This consisted in establishing a permanent communication between the portal vein and the inferior vena cava. Thus the liver was shut out of the circulation by tying the hepatic artery and portal vein.

When the dog was fed on simple diet and kept up a fair appetite his body weight was maintained, but when he was fed on an excess of proteid food he very soon fell into convulsions. Under these conditions, when the liver was removed the urea was found to be very much reduced in quantity in the urine, and the ammonia salts correspondingly increased.

It is, moreover, proved by some St. Petersburg investigators that if the blood in dogs pass from the gastro-intestinal tract directly into the venous circulation without first passing through the liver, meat in any form eaten as a diet will cause disturbance of the nervous system which frequently leads to death. These results have been found the same if ammonium carbamate be introduced into the circulation.

Late experiments prove that this salt is a product of oxidation going on in the tissues, but normally, carried to the liver, is changed by the hepatic cells into urea which is excreted through the kidneys.

Urea is an allied substance but is non-toxic.

The symptoms prevailing in dogs with their livers closed from the circulation seem to be an exact counterpart of what takes place in puerperal eclampsia. It has been found by injecting into the circulation a 5 per cent. solution of carambic acid, epileptic convulsions have been produced just the same. May it not be then that the acid, or its salts with ammonia, is the offending substance so long sought for?

It has been shown that in pregnancy there is an increased amount of cell activity. This cell activity produces a correspondingly greater amount of ptomaines. Pathology points to a deranged liver; fatty degeneration of cells and necrotic patches with infarcts and dilatation of the vessels. The liver, unable therefore, to perform its normal function by neutralizing or transforming these toxic agents into harmless innocuous substances, they naturally are circulated to the brain, act on the nerve centres, disturbing the psychic balance, and consequently convulsions, coma and death are the results from "auto-intoxication."

Therefore, from what I can gather from a careful study of the subject, it seems to me that puerperal eclampsia is due to an auto-intoxication by waste ptomaines, which, circulating to the brain, act on the centres in cortex causing a nervous irritability or an unstable puerperal eclampsia balance, which may either explode spontaneously or induced to an explosion of nerve energy by peripheral irritation from the uterus.

Another element which probably favors puerperal eclampsia is, as pointed out by Dr. Snyder, of Queen's University, Kingston, the tendency there seems to be for coagula to form in the blood of parturients, due to fibrin, causing thrombi to lodge in the brain.

Eclampsia occurs usually about once in every ten hundred cases. It is more common in primiparæ and more especially when there are twins. No age or position in life is free from it, and it seems most common in well nourished and full blooded primiparæ. Next, I think, are stout women with pendulous bellies, and especially when labor is slow and painful.

It has been stated that in Belgium, Sweden, and the states bordering on these, cases of eclampsia are very numerous, and it has been suggested as a cause that the excessive amount of lime salts absorbed in the drinking water may favor the accumulation of toxic agents in the blood.

I will now proceed to report a few cases which have come under my own notice, in which the ordinary symptoms of eclampsia will be represented.

CASE I. Mrs. McL., age about 40, multipara, pregnant about six months, had been attending to her ordinary housework, but had conceived an unnatural taste for chalk and lime and would persist in eating large quantities each day. She would even pick it off the wall, when not otherwise available, and eat it. One day she began to feel a swimming about the head and a ringing in the ears and all at once went into convulsious.

The doctor in attendance administered sedatives and narcotics of various sorts, but as the vomiting was very persistent and violent, these were all in turn rejected and failed to be of any benefit. After convulsions had continued for about thirty-six hours, during which time the patient must have had nearly a hundred, I was called to see her. I found her unconscious and still having the attacks as frequently as ever. The convulsions were very severe, bloody froth oozing from the mouth, and opisthotonus pronounced. I at once gave her, by the rectum, an enema containing a dram of potassium bromide and forty grains of chloral. This had the effect of reducing the attacks to about half their former frequency. In an hour, I repeated the dose, which still continued their reduction, but did not entirely control them. As the pulse did not indicate a very full circulation and death seemed imminent, I resolved to empty the uterus as quickly as possible.

Calling in assistance, an anæsthetic was administered and I began upon, what proved to be, a difficult and tedious task.

The os would not admit of even my smallest finger, and was so tense and rigid that it seemed impossible to ever get it dilated. I, however, persisted with my aseptic fingers. First, I got my index finger inserted and, after a long and wearisome interval, two. Then Barnes' bags were tried, but with very little success. I finally enlarged the opening, by the addition of fingers until I was able to squeeze my hand through, when I grasped a foot. Soon version was completed and a six months fœtus was delivered.

After the delivery, the attacks suddenly ceased and she had no more. Being in an extremely exhausted condition, I feared she would be unable to rally, but by brandy, eggs and nutritious enemata, she finally, by degrees, gained ground.

The unconscious condition continued for about three weeks, during which time she was restless, sleepless and flighty, but could be aroused to take nourishment and medicine by the mouth.

In about six weeks she was able to be around again, apparently as well as ever.

CASE II. Mrs. W., aged about 29, multipara, stout and fat. Labor had been going on for several hours when, apparently without any warning, she had a severe epileptic seizure. These continued for about an hour. In the interim she would become conscious, then roll her eyes, grate her teeth, clinch her hands and another attack would follow.

After having several, I was called in consultation. I found the os about the size of a silver dollar, but soft and patulous. An enema of potassium bromide and chloral was first administered. Soon she was chloroformed and after dilating with my hand rendered well aseptic, I was soon able to apply Simpson's fórceps and delivered her. She had after delivery only one convulsion and made a good recovery.

CASE III. A multipara aged 40, pregnant 9 months, large and stout, with rather pendulous belly. After being in labor several hours was suddenly taken with convulsions. Upon arrival I found the os was well dilated but the labor pains feeble. The patient was conscious between the attacks, but the seizures were becoming more frequent. I gave her chloral as a sedative and as soon as assistance could be secured, had her chloroformed and delivered by forceps.

This was a very good case for blood letting but as she flowed quite freely, and the convulsions ceased as soon as the delivery was accomplished, I felt willing to let well enough alone. She made a good recovery with a living child.

CASE IV. Primipara, aged 20, healthy and full-blooded. When labor had continued for some time, was threatened with convulsions. At first, it was more a nervous irritability, could stand no loud noise or bright light, had an anxious look with a feeling of approaching danger. The attacks, at first, were every three or four hours, but not of an alarming nature. She would resume consciousness but was averse to answering questions.

I gave her chloral by the mouth and waited. The pains were slight and the os about the size of a quarter dollar. Urine albuminous.

After receiving chloral she went about 5 hours without a single attack, but soon they returned and I resolved to empty the uterus.

Procuring assistance I had the patient chloroformed and after some trouble got the os dilated enough to admit my hand. Now seizing a foot I turned and extracted the fœtus. The child was alive and the mother made a good recovery. She had only a couple of very slight attacks after delivery.

CASE V. Mrs. S., primipara, age 34, large and stout, with prominent abdomen. Poorly for two or three months with grippe, which apparently left her with considerable pain in the back and head. Expected to be confined about the middle of March, and every few nights as that period approached, would have more or less labor pains. These would wear away and disappear for three or four days again, and sometimes a week.

About a week before her confinement, I was called to prescribe for pains in the head. Having had grippe I did not think about urinary trouble.

The head symptoms improved under antifebrin and caffeine, and all went well for another week, when labor set in with regular pains. As nearly as she could recollect, she had been pregnant about 10 months. The pains became frequent but the os dilated slowly, was thick and rigid and the uterine contractions were spasmodic and irregular. I waited for about six hours, finding her suffering intensely and the pains doing little in proportion to their severity. After trying hot bathing, hot drinks, etc., I gave her a hypodermic of one-sixth of a grain of sulphate of morphia. This quieted her pains for nearly an hour and when they returned were more regular and suffering more bearable. The first stage passed off all right and the head was fairly well down, but as her labor had been protracted and she had suffered intensely, I resolved to apply the forceps, which I did and delivered her.

The child seemed dead but thinking I felt a slight quiver over the precordia, I worked away for nearly twenty minutes endeavoring, by all means, in my power, to resuscitate it. When all had failed, I injected stimulants hypodermically, and was rewarded in a short time by seeing it breathe regularly. It is living and well to-day.

During this time the mother had been somewhat drowsy, but could answer questions intelligently.

I found she had flowed quite a good deal while my attentions were directed to the child. When I got her cleaned up, I found the pulse rather thready and rapid and she was not rallying from the chloroform as might be expected. I gave her a hypodermic of strychnine, after which she improved somewhat. In about twenty minutes, however, I noticed a changed look. Her eyes became fixed and starey, and the eyelids began to quickly open and shut, pupils began to dilate, skin grew pale, mouth was thrown into a sort of a grin, arms and legs grew rigid, tongue protruded, breathing became jerky, body became rigid and the limbs began to jerk, breathing became noisy and sterterous, unconsciousness became more profound. We held her down in the bed and I administered chloroform as quickly as possible. After a short time the rigidity relaxed and the color returned, somewhat, to the face, respiration became more regular and the pulse beats fell from 120 to 100 per minute. I at once administered a quart of saline by the bowel, as I had nothing with which to give it hypodermically.

As the patient grew calm, I drew off the urine and boiled it. It was bloody and found to be loaded with albumen.

Dr. Atherton was called in consultation and we decided that her pulse was rather too thready, and her exhaustion, due to a long tedious labor, too great for venesection, so we administered chloral by the rectum. Soon she regained semi-consciousness and rested fairly well for a time. Then she was able to answer questions and I left her with instructions to the nurse how to proceed. An hour after I left restlessness returned, followed by a flighty delirium, and before I was able to reach her bed, she had a very severe convulsion in which she died. The total number of convulsions in all were two.

Treatment.—Having considered the etiology and symptoms of puerperal eclampsia, what are the best means to be adopted to combat this condition? As the cause is most probably a two-fold one, viz., "toxæmia," from a convulsive poison in the blood, and a reflex nervous irritability in the uterus, the plan of treatment will be of a two-fold nature, viz., to eliminate the poison and soothe the nervous irritability. Of course best of all treatments would be to combat the malady from establishing itself, when the condition threatens, by prophylaxis. To do this the urine should be carefully analysed from time to time during the late months of pregnancy for albumen, tube casts, etc., the quantity passed in twenty-four hours estimated, and the amount of urea calculated. If albumen is found along with these other indications mentioned, the patient should immediately be put to bed and put upon a restricted diet consisting chiefly of milk with perhaps a little toast, buttermilk, gruel or junket. Pepto-mangan or some othe easily assimilable form of iron is valuable. The free action of skin and bowels must be secured and in fact all excretory organs of the system stimulated. Frequent hot baths, diaphoretics and diuretics may be carefully given. Large quantities of water should be taken. The body should be kept warm and the patient at rest and free from all excitement; a little chloral may be given if there is any of the latter exhibited. Under this treatment the patient may probably go to full time and be delivered without any active convulsions occurring. Tarnier says "he has never seen eclampsia supervene in a pregnant woman suffering from albuminuria, who has been for seven days on a strict milk diet."

When the attacks occur, the treatment must be more heroic. Active diaphoresis must be brought about by rolling in hot blankets or by the hot pack and by the exhibition of digitalis and pilocarpin Some of the German doctors condemn the latter, as too depressing to the heart, but I believe it to be of great service when cautiously given. A brisk purge must be administered, such as croton oil or elaterium, if the patient be not too weak. Chloral by the mouth or rectum in large full doses. Veratum viride is greatly praised, given either by the mouth or hypodermically. It acts like aconite, and rapidly reduces temperature and pulse. Urinary secretion becomes copious under its influence by the spasms of the renal vessels being reduced. Some advise it to be given till the pulse falls to sixty or under, when they say a convulsion has never been known to take place with the pulse down to this point. It is contended that it saves venesection by bleeding the patient into her own veins. Its great disadvantage, however, is that it weakens a heart which often requires to be strengthened. Morphia is advised by some in large doses till narcosis is produced, but cases of interstitial nephritis, according to Tyson, bear morphia badly. If you are sure of the absence of this condition, give it, but with the exception of diaphoresis it tends to lock up the secretions. Chloroform, I think, is the most reliable sedative and has the advantage that you gain immediate control of the attacks. If the patient is strong, vigorous and greatly cyanosed, probably much good will be accomplished by venesection. As the patient is in the recumbent position, from ten to sixteen ounces of blood may be removed without harm, after which the latest and most successful plan of treatment is hypodermic injection of large quantities of one per cent. solution of saline fluid. This should be made of sterilized water, temperature 110°F. I have seen a couple of quarts given at once into the armpit or back of thigh with marvellous results. It encourages diaphoresis, diuresis, supplies the loss of the blood withdrawn by venesection, fills the vessels, and strengthens the heart. It dilutes the toxic blood remaining in the system and indirectly produces intestinal peristalsis. With these injections following, even a *weak pulse* and *profound coma* do not contra-indicate venesection.

If this procedure does not control the attacks and spontaneous labor does not set in, I believe, both from the cases I have cited, and what I can gather from the best authorities, that the next most sensible thing to do is to empty the uterus. The fœtus is undoubtedly an additional source of waste products, both from the placental cells getting absorbed as well as the meconium and biliary salts, so when other more conservative means fail, evacuate the uterus. Of course, if spontaneous labor is going on, do all you can, in a reasonable and safe way to accelerate it. As soon as possible apply forceps and remove in this way.

If the os is not dilating and the life of the mother is in imminent danger, the os must be dilated by artificial means—*accouchement forcé*. This may in some cases be very difficult. The nearer to the full term the easier it will be, and in the multipara easier than the primipara.

Anæsthetising the patient, by chloroform, or in weak cases by the A. C. E. mixture, the operator, with the most rigid aseptic precautions, should dilate first by graduated sounds, then by the steel branch dilator hydrostatic dilators, or with the fingers, until, by forceps or turning, the fœtus can be extracted. The dilatation must take place in urgent cases without loss of time, and when this cannot be accomplished by manipulation, small incisions have sometimes to be made. Hæmorrhage may be controlled by tampons of gauze or pressure forceps. Duhrssen is an advocate of deep cervical incisions, that the forceps may be introduced higher up. Others of note object to this, except by the most skilled obstetricans, as the mortality has been very high.

Kaltenbach and Halbertsma prefer Cæsarian section unless the child is dead, but this is difficult in private practice, and requires a skilled operator with everything ready at hand. After delivery by rapid dilatation, instruments, or turning, the uterus should be compressed for some time to prevent hæmorrhage.

In eclampsia after labor there is no scope for surgical interference, and repeated saline injections and the exhibition of the drugs previously named must be our chief dependence. Of course in sthenic cases venesection as well as diaphoresis, diuresis and free catharsis may be resorted to.

Nitro-glycerine, a drug not previously mentioned, may often be given with advantage, 1/16 gr. hypodermically. It relieves the cephalalgia. Guaiacol was rubbed into the abdomen of a couple of cases with satisfactory results. The inunction of 40 or 50 drops caused the pulse to become soft, free diaphoresis to set in and the convulsions to cease.

While the patient is unconscious, no attempt should be made to make her swallow ; rectal alimentation of semi-digested food must be resorted to or a suitable stomach tube must be introduced for feeding purposes. The whole management of the puerperium must be about the same as after any other severe case of labor. Rest in bed for two or three weeks, freedom from worry and excitement, a careful and nourishing diet, iron, phosphorus, etc. in easily assimilable forms, constitute the chief regime in these cases.

THE NERVOUS ELEMENT IN DISEASES OF THE SKIN.*

By G. G. Melvin, M. D., St. John, N. B.

In selecting a subject to bring before the society, it is due to the high attainments of the members composing it, that much thought should be devoted to the choosing. It cannot be denied that original matter is at all times the most important, and, generally, the most welcome. But an original idea is the rarest of commodities in the world. New stars in the heavens are scarcely less frequent than genuinely new thoughts. I am not going to quote Solomon's remark in this connection, as it is just possible many of the members have heard it already. Not claiming, therefore, to have a new thought to present to the society, and having been earnestly requested by the secretary to bring something before you, it has occurred to me that by considering an old subject from a somewhat novel stand-point, it might, perhaps, be given me to interest, where I cannot hope to instruct.

It is altogether needless, in this company, to point out the immense importance of the nervous system in the consideration of the etiology, the treatment and prognosis of general diseases. Not one of us, in approaching a patient, ever forgets the transcendent effect his individual nervous susceptibilities may have upon the outcome of his disorder. This is so well known that undue and dishonest advantage has been taken of it, and, in consequence, the world is filled with all sorts of pestilent quacks, whose sole stock in trade is to exploit this weakness of poor humanity for all that it is worth. Yet, notwithstanding this, the nervous system is frequently overlooked in the matter of diseases of the skin.

This is the day of microbes, of the bacteriologist, and of materialism. From the earliest ages it has been known that a few of the more common skin lesions are contagious, which few, in our day, have been demonstrated to be of bacterial origin. It is therefore just possible that this old knowledge may have something to do with the fact that we so seldom think of a neurotic agency, when called upon to treat a cutaneous disease.

I cannot hope in this paper, to do more than to touch upon in the briefest way, some of the more unusual, and perhaps, least thought of, nervous manifestations as exhibited in the skin.

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* Read at meeting of New Brunswick Medical Society, Fredericton, July, 1899.

Before considering those of pathological import, I would briefly call your attention to one or two which are purely physiological. First and perhaps the most common is the phenomenon of blushing. I do not know, but I presume, that the remark has been made before, that it is the " trade-mark " of purity, in every sense. The purer the complexion and the purer the mind, the more pronounced will be the nervous effect. His " unblushing cheek " is ever applied to the sharper and the sensualist. That natural lichen, induced by fear, by disgust, or by horror, commonly called goose-flesh, is as pure a manifestation of brain influence, as is Shakespeare's play of Hamlet. Other instances will present themselves, and it can be safely affirmed, that, with the exception of the heart and the genitalia, the skin is more under the influence of the nervous system than any other organ of the body. It is therefore not a matter of surprise that the part played by neurotic influence in the pathology of the skin is very important.

I will wholly omit mention of the purely nervous cutaneous diseases such as dermatalgia, anæsthesia, prurigo, etc., and will restrict my remarks to those disorders commonly met with in which a neurotic element is seldom looked for.

Eczema.—In the statistics of skin diseases, eczema occupies a very prominent position. It includes over two-thirds of all cases coming before dermatologists, though it is extremely probable, that as our knowledge of differential diagnosis progresses, this proportion will be greatly lessened in the future. It is entirely without the province of this paper to describe eczema. It occurs under a multitude of disguises, and has been attributed to an equal number of causes. But its neurotic etiology is one of the most important, and is most frequently overlooked. Perhaps the most troublesome, and to the physician, annoying form of this disease, is that which occurs in early childhood, known as infantile eczema. The trouble often begins on the cheeks, pruritus sets in, the place is scratched, suppuration is set up, auto-inoculation follows, and in a short time the face, scalp, arms, legs, and in short, every locality to which the infant's finger-nails can have access, become an unsightly mass of crusts and scabs, a source of humiliation to the parent, and of disgust and worry to the medical attendant. And yet, in many cases, the trouble is essentially neurotic, especially in the male. Examination will reveal, in a large proportion of these cases, a constricted prepuce, a glans penis that has never been uncovered, a mass of decayed smegma between the glans and foreskin, and such an excessive irritability of the whole organ, that the slightest manipulation will produce an erection. Uncover the glans, either by stretching of the foreskin, incision, or circumcision, get the parts clean, and reduce the hyperæmia and irritability by a soothing lotion, and the general eczema will vanish as by magic.

Again, in adults, we have cases which seem to be external in their nature. They are always symmetrical, generally on the extremities, preferably the upper, come very suddenly, last indefinitely, and itch intolerably. The following will serve as an illustrative case:—

On the 15th May, '99, there came to my office, Mr. S., aged about 50, engaged in the wholesale mercantile business. On the dorsal region of both hands, extending from the carpus to the knuckles, and covering the whole surface, was an aggregation of small vesicles, half the size of a split-pea, closely set, not very liable to rupture and exceedingly itchy, when the desire to scratch was given way to. The trouble had been present for over a year, and the patient, being of a decidedly neurotic temperament, was greatly worried in consequence. The annoyance caused was excessive. He was compelled to wear gloves at his business, and a contemplated trip to Europe seemed impossible while the trouble continued. He slept badly and was notably constipated. He fancied it was imperative to pay a strict regard to diet, and denied himself many little luxuries to which he had been accustomed. He had nearly come to the conclusion that his condition was permanent and felt correspondingly depressed. The trouble was clearly neurotic. The indications for treatment were to remove all causes of irritation, internal and external, as well as mental. The latter was accomplished by a pretty confident assurance that his disease was temporary, the constipation was corrected by frequent and minute doses of a saline laxative, and the cutaneous irritation, which had been kept up by injudicious applications, was removed by a discontinuance of these, and the use of Lassar's paste. In a few weeks the skin was normal, while the general health was so much improved that a return of the disease is not greatly to be feared.

Acne vulgaris.—Here we have a condition, so far as my own experience goes, much more frequently met with than eczema, and, on the whole, more amenable to treatment. Of course the large majority of cases are in young subjects between the ages of fourteen and twenty-five. This, I think, is the most significant fact in connection with the disease. It is the age of youthful generative maturity, and although I would not be understood as affirming that irregularities of the generative functions are the formative factors in the trouble, yet it is undoubted that they play an important part in keeping up the disease. It may be objected that this is, primarily, not a neurotic cause, and the objection is just, but all such indications set up a reflex neurosis, which very unfavorably influences the course of the disease. It is true that a removal of this factor will not remove the disease, of itself, but it is also true that the disease is very difficult of removal unless this factor be eliminated.

Syphilis.—The tertiary manifestations of syphilis may be broadly divided into two great classes, the neurotic and the non-neurotic. The latter chiefly display themselves in the bones, the internal viscera, the skin, etc., while the former are almost exclusively restricted to the nervous system. Now the interesting point about this apparent selection is that the victims of tertiary syphilitic nervous lesions, are, in a large proportion in the higher walks of life, subject to a constant and intense strain upon the nervous system, intellectual workers, and people of high intelligence. So often is this the case, that in the absence of all external signs of the disease the essential factor in the trouble is constantly overlooked, and the patient becomes a prey to sudden death, mental aberration, paresis or paralysis without the real cause been suspected. Indeed, it frequently happens that the worker in dermatology has often very scant access to those cases, they, generally, coming under the cognizance of the general practitioner or neurologist. In the other class of cases we have a vastly different type of subject. It is the mechanic, the working man, and the laborer, the dull and lethargic, and the lover of the table who display the outward and manifest symptoms of the disease, and with whom, in this paper, we have nothing to do.

Alopecia.—While the part played by the nerves in alopecia has from time immemorial been greatly exaggerated, a very large proportion of cases being occasioned by seborrhœa, rather than by any more occult cause, yet the neurotic element is not to be despised. More especially, in that disease, which, for want of a better name, we call alopecia areata, it plays a leading part. I am not going to enter upon the vexed question, how much this disease is due to the antecendent operation of the fungus of ringworm, but it has been placed beyond all doubt that in an immense number of cases the tinea trichophytina element can be entirely eliminated. To anyone acquainted with this disease, its origin and distribution are clearly suggestive of a neurosis, and if the clinical history be closely enquired into, he can hardly fail in eliciting a story of nervous disorder. I cite the following case:—

May 29th, 1899, there was referred to me, C. O., a boy six years of age. When about four years old, parents began to notice a general thinning of hair at back of head. near occiput. This progressed steadily until a spot the size of a five-cent piece was entirely denuded. Soon other patches began to appear, as a rule on either side of the median line of the cranium, in symmetrical positions, until, by a gradual progression and coalescence of patches, the scalp became entirely bald, only a long hair here and there remaining as a reminder of the original condition of the region. A microscopical examination of scrapings from the scalp, and of hairs still remaining, revealed neither mycelium nor spores. The boy was fairly well nourished, his parents stating that he had good health as a rule, but a rather strict examination brought out the fact that if he was not closely watched at night, he would arise and walk about the house, sometimes in a waking and sometimes in a somnolent condition.

It is not necessary to dwell long upon the indications for treatment in cases like this. While undoubtedly external measures are essential, by themselves they are practically valueless. Means must be taken to get rid of the nervous defect and though internal remedies like nux vomica, zinc, phosphorus and perhaps arsenic are valuable, it is to the improvement of the patients general environment that we must chiefly look.

Feigned Disease.—There is yet one other class of cases to which I will advert; a class, which, luckily for the peace of mind of the physician and the patient's friends, is comparatively rare. I refer to malingery or feigned disease.

In some instances, doubtless, it is a mistake to call it a disease at all, as it is frequently assumed, in cold blood, for some specific purpose, and the term disease would be as suitably applied to theft, falsehood or any other allied crime, as to these cases. But, on the other hand, there often occur instances which appear to serve no rational purpose, for which no adequate reason can be assigned, and where we are forced to the conclusion that the hysterical element must be largely predominant. While not confined to any particular sex or age, it is most commonly practiced by young females. An almost melancholy interest often attaches to their efforts to delude. They are, in general, most crude, unsophisticated and often grotesque. The patient seems to take for granted that the observer will never suspect her integrity, and the genuineness of her tale, and, of course, the lack of anatomical and physiological knowledge, leads into the gravest blunders as regards the ultimate success of the scheme. Erotic ideas often play an important part in determining their actions. As they are generally right-handed, the lesions will usually appear on the left side, and as they are, in the nature of things, not capable of forming just judgments, the effects produced are nearly always greatly exaggerated.

The following case will illustrate some of these points :—

M. D., a girl of 15, was referred to me on the 3rd of April, 1899. Upon the left fore-finger, on the dorsal surface, between the metacarpus and the third phalanx, were eight or ten parallel abrasions, ¼ inch long, their length in the long diameter of the finger, made apparently with some sharp cutting instrument, and surrounded by an area of dried blood. Almost wholly covering the remaining surface of the finger, the dorsum of the hand and wrist, and at a subsequent interview the whole arm, was a deposit of coloring material resembling fuchsin in hue, perhaps a little darker, which the patient most solemnly declared oozed from the surface at frequent intervals. In this she was corroborated by a neighbor who accompanied her, who asserted that he had seen the surface wet and dripping with the red fluid. She also complained of total sensory paralysis of the index finger, and, later, of the whole arm, which afterwards deepened into the motor form also, so that, at the final interview she held the arm absolutely rigid, both when standing erect and leaning forward. As she seemed pronouncedly anæmic and complained of shortness of breath upon exertion, I took occasion to make a critical examination of the heart which necessitated an exposure and manipulation of the breasts which were well formed and developed. As a sequel to this at a later visit I found the left of those organs decorated with a most generous splash of the paint, and I was gratuitously informed that a similar spot existed on the left thigh near the groin. I hope it is unnecessary to say that I took her word for the statement. The coloring matter was easily removed by soap and warm water, and, under the microscope, of course, exhibited none of the characteristics of blood. After prescribing a mixture of iron and arsenic for the anæmia, and bromide of potash and valerian for the neurotic trouble, and sending her to her home in the country, with directions that she be carefully watched, I finally lost sight of her. I afterwards understood that she made her appearance at the General Public Hospital in St. John, but what her fate was in that institution I am unable to say.

I will not detain the society with any extended remarks on this case. It was to me, however, a most interesting one. I fancied myself, at once, in the middle ages, in contact with one of the renowned cases of stigmata, or bleeding pores, saints over which theologians have fought so long, and to whom, as in the person of St. Francis of Assissi, such devout reverence has ever since been paid. Nevertheless such cases are not to be coveted. The medical man is placed in a most embarassing position. Many such patients, as was the case just described, are apt to be in a disordered condition of health irrespective of their feigned disease. A fatal result is by no means infrequent, and then woe to the physician who has unadvisedly laid bare the artificial nature of the disease most apparent and chiefly complained of.

I shall refrain from going further into the subject of neurotic dermatology, but I have by no means exhausted it. In fact all that has been said is only the merest touching of the surface of the subject. Scores of other diseases might be named in which a knowledge of the nervous element is of equal, or perhaps, of greater importance to the general practitioner. As was hinted at the outset I cannot help thinking that we are travelling too fast and too far upon the road of materialism in medicine, anxious and determined to find specific cause for every specific effect. We pay too much deference to the idea that the body is a machine. We have come to look with suspicion upon every factor of disease that cannot be seen in our microscope, or demonstrated in our laboratories. We are apt to forget the immense influence that our surroundings, our hopes and fears, our pleasures and passions, our desires for reward and our dread of punishment, have upon that strange and mysterious entity which we call the human system.

Selected Article.

[illegible] TREATMENT OF PULMONARY TUBERCULOSIS BY THE INHALATION OF ANTISEPTIC NEBULÆ.*

By Homer M. Thomas, A. M., M. D., Chicago.

[illegible] the Louisville, Ky., meeting of the Mississippi Valley Medical A[illegible]tion, I had the privilege of presenting microscopical proofs of the pe[illegible]ility of vaporized medicaments into the pulmonary alveoli. Pre[illegible] to that time all text-books on this subject stated that it was imp[illegible]e for nebulæ to reach beyond the smaller bronchial tubes. A dem[illegible]tion of the fact that nebulæ *do* reach the pulmonary alveoli raises [illegible]ion of their efficacy in the treatment of pulmonary phthis[illegible] demonstrating the value of this form of medication in the tr[illegible] pulmonary tuberculosis has been going steadily on until the pre[illegible]me.

It is the p[illegible] of this address to present such clinical facts as have been obtained [illegible]h the use of this special form of medication in the treatment of pul[illegible]y phthisis. There is no specific treatment of this disease. Cures a[illegible]orted upon every hand through the media of many agencies. T[illegible]ease being a complex one in its varied manifestations, each case [illegible]l be treated upon such special lines as are individually indicat[illegible] The basis of all successful treatment is in the maintenance of nutr[illegible]. As a corollary to this, is the influence of selected climate, jud[illegible] exercise, rests, baths, internal medication and all other collateral a[illegible]s which stimulate vital resistance.

ANTIS[illegible] NEBULÆ IN THE ROLE OF CURE.

Having surround[illegible]ch case with the essential conditions for repair of the pulmonary les[illegible]what relation does the inhalation of antiseptic nebulæ bear in the r[illegible] cure? The answer to this query involves a consideration of the [illegible]logical basis upon which nebulization of antiseptic medication res[illegible]t is proved beyond doubt that these nebulæ penetrate through th[illegible]ifications of the respiratory tract wherever it is possible for ai[illegible] The first question to determine, then, is, whether the medi[illegible] can reach the origin of the disease; and will it prove effective when the origin of the disease has been reached, is the second problem.

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*Read before the [illegible] Section of the Mississippi Valley Medical Association, at its Annual Meeting in Chi[illegible]ot. 4, 1899

The air vesicle route is the rational one, since tubercle bacilli are discharged through the air, and are found in the sputum. The absence of general infection in curable cases shows that the possibility of connection with blood vessels is not large. All inflammatory areas are areas in which the mechanism of extra vesicular interchange is materially interfered with. Large numbers of tubercle bacilli are discharged by the air vesicles. Few get into the blood or lymph current; therefore the air vesicles must be in closer touch with the tubercle bacilli. The presence of the large quantities of pigment from the air around tubercular areas shows that considerable absorption through the lymphatics from air vesicles is possible. A nebulized antiseptic having reached the area beyond the limit of current finds a greater probability of falling on the epithelial covering and of being absorbed from it than if it reached only to a zone of current, for in such an extra current area no force is operating save gravity. On reaching an extra current zone nebulized antiseptics fall on squamous epithelium and are wafted to the outside. These mechanical laws hold good whether the foreign body be tubercle bacilli, dust, or oils in suspension.

Since this is true of healthy lungs, is it true when we speak of tubercular lungs? Nebulized antiseptics suspended in the air will reach the cavities and air vesicles of tubercular lungs just as well as if these lungs were healthy. But where there are considerable zones in which the air vesicles are obliterated these areas are necessarily very difficult to approach from the side of the air vesicle. Oil globules falling in the air vesicles of the neighborhood are picked up by the phagocytes, absorbed, and finding their way into the lymph and into the blood, reach these masses of tubercular overgrowth with as much readiness as they can be reached in any other way. It is true that the presence of large areas without air makes success through air routes very difficult. Admitting that encapsulated tubercular foci cannot be reached by nebulized medicaments, is there any known therapeutic agent which can reach them? None that I know of. Nature has walled off these encapsulated tubercular foci by connective tissue barriers and in that way makes an effort to effect a cure. It therefore follows that the most rational way to treat locally these tubercular encapsulated foci is to attempt to render antiseptic their contiguous areas.

The pathologic conditions we have to deal with are those of lowered vital resistance in the lung tissue; development of tubercle bacilli; hyperplasia of fixed cells; formation of epithelioid cells; development of knot-like foci where the tubercular bacilli multiply; giant cell formation in which there is no new capillary formation; inflammation; degeneration of the blood vessels, lympathics and air passages. In these areas, leucocytosis, further retrograde changes, mixed and secondary infection.

That antiseptic nebulæ have a beneficial influence on the parts of the lung they reach there is no doubt. In such places the laws of osmosis and dialysis unite to aid in the prevention of new invasion. That these antiseptic nebulæ do not reach the escapsulated areas is no argument against the efficacy of this method of treatment, for neither can these areas be reached through the blood nor the lymphatics, by antitoxins or any method of hemotherapy, for no blood vessels or lymphatics reach these walled off foci. Therefore our therapeutic resources are confined to persistent efforts toward preventing an extension of the tubercular processes.

SCOPE OF NEBULIZATION.

What is the scope ef nebulization? 1. Control of cough. 2. Relief of dyspnœa. 3. Intimate contact of antiseptic nebulæ upon 1400 square feet of respiratory capacity. 4. Inhibition to the extension of tubercular foci.

The advantage of controlling cough by inhalation, rather than internal medication, is self evident. By bringing to the inflammatory areas through direct contact specially adapted formulæ of expectorant or anodyne combinations, you allay many or all of the distressing symptoms from cough.

The relief of dyspnœa, incident to the blocking of the larger or smaller tubes by catarrhal products, is often marked. By means of expectorant types of nebulæ this as a rule is readily accomplished.

To properly use the antiseptic nebulæ in the treatment of pulmonary phthisis it it is essential that an abundance of compressed air be supplied at a steady pressure of from fifteen to thirty pounds to the square inch. The air should pass through a series of antiseptic chambers which entirely free it from all impurities. When it is purified and then compressed a final measure of purification should be given by its passage through the oil of cloves. In cold weather it is better that the air should be heated to a temperature of 60° to 70° F. before using for the purpose of producing nebulæ. Given an abundance of air that is properly prepared for use, a well devised and constructed nebulizer is placed at a point convenient for the patient's use. Into this nebulizer a variety of formulæ can be used ; the selection of the special combination suited to each case will depend largely upon one's experience in the use of this medication, and from a close study of the physical findings in the chest of each patient. Where it is desired to relieve cough a mixture containing the tr. of stillingia and beechwood creasote, with lavolin as a base. is quite often efficient. For the relief of the dyspnœa, which so often arises from a catarrhal blocking of the tubes, both large and small, expectorant combinations with carbonate of ammonia, syrup of scillæ, syrup of pruni virginæ, with lavolin as a base, often give marked relief. Should the case be one in which they are specially urgent symptoms to relieve, and where there is general toxemia from the disease, recourse should be had to the use of the well-known and tried antiseptics. Nebulization of eucalyptus, oil of cloves and beechwood creasote have been often effective. A mixture of ten per cent. iodoform in solution with sulphuric ether and lavolin has been found very valuable. Frequently the use of pure Ceylon cinnamon oil in solution, with lavolin as a base, in a preparation of about ten per cent., is an excellent stimulant for the bronchial mucous membrane.

Whilst all of the foregoing are standard antiseptics, and have their range of usefulness in individual cases, it has been found that they do not inhibit the growth of culture media, hence nothing pathologically curative can be claimed for any of them. They are useful more for the relief of symptomatic conditions than for curative results. We have, however, at our command one antiseptic, a powerful germicide, from which there is reason to feel hopeful that valuable results will be secured in cases of pulmonary phthisis. This antiseptic is formalin. It has been found by experiment that culture media placed in an atmosphere saturated with a respirable solution of formalin are markedly inhibited, and, in some cases, entirely arrested in there development. With this fact, upon which to estimate the antiseptic value of formalin, we feel justified in claiming it to be our most valuable remedy in the treatment of pulmonary tuberculosis by inhalation.

In using formalin I begin with a four per cent. solution of the forty per cent. aqueous commercial solution in water. This is placed in the nebulizer and violently agitated by means of compressed air. I do not nebulize this solution, but favor evolution of the gas through a mechanical mixture and agitation due to the pressure of compressed air. In a short time cases develop and acquire an increasing tolerance for the formalin mixture, and by degrees its strength can be increased from four per cent. up to twenty per cent. One invariable rule should be observed in the use of this therapeutic agent, and it applies with equal force to those previously mentioned, to instantly cease their administration as soon as cough ensues. By pursuing this plan the tolerance of the patient is readily secured and the time in which nebulization can be administered correspondingly lengthened.

RESULTS AT THE COOK COUNTY HOSPITAL FOR CONSUMPTIVES.

There has within a year been established in this county a hospital devoted exclusively to the treatment of consumptives. This building is completely equipped with chemically pure compressed air, abundantly distributed, and the treatment of pulmonary phthisis by nebulization is there extensively used. I have records of a number of cases treated there since the 21st day of February, 1899, and desire to call your attention to some of the results secured from the treatment. All of the cases were in the second and third stages of phthisis. They numbered fifty, all males. Of these we have a gain in weight among fifteen of the fifty averaging from two pounds to twelve pounds; a loss in weight among thirty-five, and in five cases there was neither loss nor gain in weight. When we reflect that the patients coming to this institution were in the worst possible condition of general health, all suffering from advanced tubercular processes in their lungs, that the food supplied is of poor quality, and in every case inadequate to the proper nourishment of the patients, I feel that the showing made in the short time elapsing, from February 21st to August 15th, is a very creditable one. I am quite aware of the inaccuracies that statistical statements may lead one into; I also appreciate the errors of deduction that one may easily make from such a general aggregation of cases, but I feel warranted in asserting that a very large proportion of the improvement, forty per cent., obtained in the number of cases enumerated, has come from persistent saturation of their respiratory passages with antiseptic nebulæ.

As far as work has progressed it certainly opens up a vista of therapeutic possibilities. As I have already stated, a lung with a tubercular process shows an immense amonnt of newly formed connective tissue. This is an effort on the part of nature to wall off the pathological process. If nature is successful there is nothing left but scar tissue, the tubercular process is enclosed and the patient recovers. If nature does not succeed, secondary mixed infection takes place, we have sepsis, and the patient dies. There is only one cure, that is by walling off the tubercular process by embryonal tissue. In my experience I am led to conclude that medicated vapors are of great value in favoring such a process. Nebulization always did, and always will, occupy a secondary place in the treatment of this disease; its function is that of a supportive role, rather than the development of curative properties *per se.* We should remember that in advancing infection with the tubercular bacillus it is the vital resistance of the cells and the possibility of the reproduction of embryonal tissue which we must strive to secure. How much any treatment assists these processes it is difficult to say, but only along the lines of such assistance can success be reached. The treatment is not necessarily an effort toward the extermination of tubercular germs, but the stimulation of the cellular structures of the system by which the patient may resist invasion of the germs as well as the toxins which are manufactured and thrown out by the germs themselves,

THE MECHANICAL METHODS.

There are many mechanical methods for the introduction of antiseptic nebulæ into the respiratorv passages. A double glass tube, so constructed as to occlude the anterior nares, will enable the patient to inspire freely through the nasal passages. The nebulæ can be admitted by a single glass tube held between the lips slightly compressed, and inhalation will take place through the mouth as well as an admixture of atmospheric air through the nares. The preferable method is the use of a pure gum-rubber funnel top, such as is used for lavage of the stomach. This funnel top is readily adjusted to all the irregularities of the facial contour and very little of the nebulæ escapes during its use. With this contrivance deep inspiratory efforts can be made simultaneously through the nares as well as the oral opening. The period of deep inhalation should be regulated by the easy tolerance of the patient to the nebulized medicament. Cough is the only warning sign which should cause us to desist for a greater or shorter length of time in the use of the nebulæ. With increasing use on the part of the patient, the time of contact of the medicament with the respiratory passages can be greatly lengthened. Again, the nebulæ can be respired directly from the exit opening of the nebulizer. This is a good way for those commencing the treatment, as the larger admixture of atmospheric air renders the deep inhalation of the nebulæ less irritant.

As a supersaturation of the respiratory passages with this nebulæ is the desideratum aimed at, the whole atmosphere of the room in which the patient is placed should be completely filled. Under these conditions every respiratory effort carries into the lungs a greater or less amount of nebulized medicament. So complete is the supersaturation attained that the expectoration of tubercular patients often has the characteristic odor of the medicament nebulized. The perspiration from the skin will also have this odor, and the ammoniacal odor of the urine is frequently lost in the characteristic smell of the nebulized medicament.

The adaptability of this form of treatment for individual use of patients in their homes is very wide. A great deal of mechanical ingenuity has been shown in efforts made to easily produce a large volume of compressed air for nebulization. Beginning with the small hand bulb, nebulization is only secured in a very inefficient and interrupted way. Passing from that primitive form up to the use of pumps, an almost infinite variety of mechanism has been devised. There is the hand pump, which is tiresome, and at best, can only be operated for a comparatively short time. Then there has been an effort made to reduplicate power by means of long lever pumps, rotary and circular. The most feasible and practical means of obtaining compressed air for nebulization, in localities where there is water supply to the homes, is in the use of the mechanism known as a compound pump. This pump is cylindrical in form. The water enters at the bottom and through a system of valves the pressure of the water operating upon the valves efficiently compresses the air and forces it out through the opening from which it is conveyed into the reservoir for use. The usual water pressure is from sixteen to twenty-five pounds to the square inch. By the use of compound pumps the pressure may be increased to thirty-five or forty pounds.

Should it be desired to take up nebulization to a considerable degree for the treatment of phthisical cases at home, facilities for the easy entrance of air into the pump are necessary. One of the first points to remember is to take the air from the highest point possible in the vicinity of the home so as to get it as free from surface contamination, odors and gases, as possible. In order to do this, after the piping has been placed at the highest point, there is put at the outer end, two or three screens varying in increasing fineness, preventing the ingress of any dust or solid impurities with the air. When the air is mechanically filtered and compressed there should be placed an antiseptic chamber for the purpose of holding in suspension some antiseptic oil, as oil of cloves or oil of wintergreen. After this purification has been secured the air is then ready for piping to any portion of the house where its use is desired. The plumbing connections should be made at the point of entrance of the water to the home, preferably in the basement, for the higher you carry the pump from the basement the greater corresponding decrease in pressure. An apparatus, such as I have described, can be placed for about $100.

While the inhalation of antiseptic vapor is not a specific for tuberculosis of the lungs, yet it plays an important role as a supporting means to other methods of treatment. There can no longer be doubt of the penetrability of properly compounded and vaporized medicaments. Their value in the treatment of pulmonary phthisis is largely determined by the medicament used and the amount respired. Clinical experience has proven their value. The weakness of this method of treatment lies in the therapeutic action of the medicaments at our command, rather than in the mechanics for vapor production. Chemical researches of the future, we hope, will yet bring to our aid more powerful antiseptics than those now available; powerful in their selective antagonistic action upon the pathological conditions of pulmonary phthisis and yet harmless in their effect upon the healthy structures of the respiratory passages. We are strong in mechanism, weak in therapeutic resources.

A PLEA FOR THE ADOPTION OF THE INHALATION METHOD.

I believe the chances of successfully coping with pulmonary phthisis are greatly enhanced by the general adoption by the profession of the inhalation method. It makes possible the creation of a sterilized atmosphere for the respiration by patients in their own homes. Too long have the profession been under the shrewd and often unscrupulous domination of those interested in the " commercialism of climate." In many instances incurable cases have been sent long distances from home, at great expense as well as bodily discomfort, allured by false hopes of the climatic cure of phthisis. Prominent specialists in localities, supposed to have great virtue in the cure of this disease, have reaped great financial rewards from the credulous faith of the incurably sick, and, when at last the fallacy of such hopes has been demonstrated, the excuse is given that they came " too late," and, would they die at home, must return at once. No intelligent physician can deny the value of altitude in the treatment of selected cases of phthisis, but the great rank and file of these sufferers leave the comforts of home to share the discomforts of a residence away, when their disease is equally amenable to home treatment. I plead for greater discrimination in the selection of cases that leave their home climate for often an elusive hope of benefit in other altitudes. With our more intelligent appreciation of the causative factor in the production of this disease, with the valuable curative agencies we can surround our patients with at their own firesides, and with the additional compensation that if cured at home they can forever remain there, we should use conscientious discrimination as to where and when we send our tubercular patients. While assiduously working to cure, by any means in our power, let us not neglect the broad field of the prevention of tuberculosis.

There is every probability that the absolute extinction of tuberculosis from the world is not far distant. It is inevitable that when the race becomes fully cognizant of the dangers from tuberculosis and the simple measures necessary to stamp it out of existence, they will arise and forever make this scourge a thing of the past. Most hopeful is the outlook for the accomplishment of this great result. Not alone are the masses awakening to the needs of the hour, but those in high places, even royalty itself in England, is championing the cause of race emancipation from tuberculosis. Innumerable societies are springing up in every village, hamlet and city throughout the land; prevention, like territorial expansion, is in the air, and so comprehensive is this reform in its scope that a great international conference for war on tuberculosis has recently held sessions in Berlin. Let us all do something to restrict this disease, so that with the dawn of the new century we may hope to see the tuberculosis problem solved by the most humanitarian methods, thanks to the combined efforts of physicians, health officers, statesmen, philanthropists and the good will of an intelligent people.—*The Medical Dial.*

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Editorial.

VACCINATION IN NOVA SCOTIA.

A statement was made by a reader of a paper at the last meeting of the Medical Society of Nova Scotia, that two-thirds of the population of this province under the age of sixteen had never been vaccinated. We believe this statement to be true. It is an astounding one and deserves our very careful consideration.

Nova Scotia is exposed to small-pox infection, an epidemic might at any time break out. If it did we would see a repetition of the 1886 outbreak in Montreal, where an unprotected population was attacked by the disease and thousands perished before it was staid.

We hear often the statement that there is no small-pox now-a-days, that it is a disease almost extinct. It is a disease *not* extinct, but kept in check by the universal and judicious use of the protective influence of vaccination. To show that there still is a danger from small-pox, we quote the following figures. In the United States between the last of June and the first of November of this year there occurred no less than 1435 cases of small-pox. The majority of these cases are reported from unprotected districts, but no more unprotected than Nova Scotia. The unprotected condition of Nova Scotia and the means to improve it demands the careful consideration of our Legislature during the coming session.

But in order to carry out any system of vaccination thoroughly, there is a preliminary step which the Government would have to take, namely, the adoption of a method of Registration of Births. In the province of Nova Scotia there is no registration of births—a serious and distinct loss to the province in general and also to individuals, for we know of cases, that owing to an inability to produce a birth certificate Nova Scotians have been put to great loss and inconvenience.

To carry out vaccination we must have registration, this having been proved by the inability to enforce the rules in the city of Halifax, a difficulty which can not be overcome until a system of registration be adopted.

At the meeting above referred to, a committee was appointed to bring these two questions before the Government. We believe that this committee is now at work and will shortly make an effort to bring about two measures which will be an immense advantage to the entire population of this province.

Society Meetings.

SAINT JOHN MEDICAL SOCIETY.

Dr. Scammell, President, in the chair.

October 4, 1899.—The first meeting of the year was opened by the President. Reference was made more especially to the loss which the society had sustained in the death of the late Dr. M. F. Bruce.

Then the President read a paper entitled "Diarrhœa in Infants." The condition of diarrhœa is a symptom, not a disease, is more prevalent in the summer months and difficult for classification, as there is no relation between the severity of the symptoms and the pathological changes present. The predominal predisposing cause is injudicious feeding. Three stages of the illness were described, *(a)* Premonition, *(b)* Emaciation, *(c)* Exhaustion.

As regard treatment, sanitary conditions, feeding and teething should be investigated. Locally, warm solutions injected into the rectum and returning along the side of the tube gives relief and cleanses the rectum. An evacuant should be given at the outset followed by the administration of some antiseptic. Suitable remedies are boracic acid, salol, turpentine, bismuth, glycerine, beta-naphthol and calomel. Opium and astringents as a rule should be avoided. To relieve restlessness, the fluid extract of hyoscyamus with spirits of chloroform in small doses given in glycerine may be tried. Particular reference was made to calomel, its antiseptic power being derived from the change to the perchloride by the action of the hydrochloric acid of the stomach.

In the discussion which followed, the value of calomel was pointed out; of starch injections for painful and frequent stools, of arsenite of copper in minute doses, frequently repeated, to check diarrhœa and in all cases proper hygienic surroundings.

October 11.—A resolution was adopted deploring the loss of Dr. M. F. Bruce, a former president of the society, a man who possessed ability of high order, a genial sunny disposition and a kind generous nature.

Dr. Ellis read a paper on the "Bubonic Plague." The various forms were referred to, as well as its special symptomatology and pathology—The means by which the disease is spread (by rats, etc.,) were fully discussed.

October 18.—A paper on "Tubercular Laryngitis" was read by Dr. J. R. McIntosh. A patient suffering from this disease was first exhibited, followed by a consideration of the condition in detail. Among the more prominent features were described the pallor of the parts—this depending, however, on the chronicity or acuteness of the attack, acute laryngitis presenting more inflammatory signs : swelling of the arytenoid cartilages and inter-arytenoidal space; other areas involved, ulceration and nodules. Regarding diagnosis the two principal diseases to exclude are syphilis and cancer. The symptoms giving rise to this complaint are hoarseness, pain on swallowing, paroxysmal cough and dyspnœa. For treatment fresh air is necessary. The most important remedies are (1) Lactic acid 10% applied on a cotton swab and the strength of solution gradually increased even up to 90%. (2) Menthol in 20% solution of olive oil or liquid vaseline. The sedatives which may be used are more especially cocaine, orthoform and morphia.

In the discussion which followed Dr. T. D. Walker referred to tracheotomy in tubercular laryngitis and reported a successful case.

Dr. Melvin spoke of the use of codeia.

October 25.—A case of congenital absence of anterior bladder wall and dorsum of penis was shown by Dr. John Berryman.

Dr. Ellis exhibited a case of hypertrophy of lingual tonsil—the main symptom in which was a peculiar paroxysmal cough.

A paper on " Eczema " by Dr. Melvin was then read. The importance of recognizing the various forms and also the various stages of the disease was pointed out. Two characteristics were mentioned as essential in eczema : inflammation and fluid exudation. The latter is not always present but is never wanting in some stage of the disease. There are several bases for classification such as pathological, etiological, anatomical. The most practical is the first mentioned under which are the varieties (*a*) vesicular, (*b*) pustular, (*c*) papular, (*d*) erythematous and the squamous as a sub-variety of the latter.

Dr. Melvin intimated that in St. John eczema formed about one-fifth of all skin cases.

Treatment.—As eczema is a self-limited disease with a direct tendency to recovery, all that is necessary is to eliminate the cause. Local irritation is almost always present. Avoid this irritation and then protect the skin. The solution of subacetate of lead in fresh milk is frequently useful. Constitutional disturbances are not considered as important factors as formerly and we have eczema existing as a skin disease pure and simple. However in selected cases, Fowler's solution, sulphate of magnesia, antomony, etc., are of service.

In the discussion that followed Drs. Taylor (Charlottetown) Berryman, Inches and James Christie all thought that some constitutional disturbance was present in cases of eczema and that it was necessary to resort to internal medication to effect a cure.

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N. S. BRANCH BRITISH MEDICAL ASSOCIATION.

Dr. E. A. Kirkpatrick, President, in the Chair.

November 1st. 1899. Meeting held at Halifax Hotel, a large number being present.

Dr. Farrell showed a case of resection of shoulder joint and urged importance of early movement in cases of operation and injury to the joints of this extremity. He particularly applied his remarks to cases of Colles' fracture and injury to the olecranon.

Dr. Ross commented on the case and referred to the differences of opinion among surgeons concerning fixation of joints after fracture. For instance, in cases where the elbow-joint is fixed, Southam, of Manchester, says at the end of two or three weeks, passive movement should be cautiously commenced. The writer on fractures in *Dennis' Surgery* says splints should never be removed before four weeks; and Mudd, of St. Louis, says passive motion before the bone is consolidated is out of place and dangerous.

Dr. M. A. B. Smith stated that Dr. Phelps advises the joints in these cases to be fixed for at least six weeks.

The President showed a case of keratitis hypopyon with severe ulceration due to injury. This was treated by applications of nitrate of silver and bichloride washes, and is rapidly healing.

The President also showed two other cases, one of traumatic dislocation of the lens into the anterior chamber in which he had operated in consequence of the opacity of the lens, and the other a case of chronic non-inflammatory glaucoma. The importance of early diagnosis in these cases was impressed upon the members, as many cases escape the notice of the general practitioner.

Dr. Murphy reported a method of sterilizing medium sized catgut by four per cent. formalin solution, afterwards boiling the catgut.

Dr. Farrell exhibited a crochet hook for removing stitches from sinuses.

Matters Personal and Impersonal.

Dr. F. W. Goodwin has lately returned to this city from London, after passing the examinations entitling him to the Membership of the Royal College of Surgeons and Licentiate of the Royal College of Physicians.

Drs. John Stewart, of this city, and R. A. H. MacKeen, of Glace Bay, arrived by the "St. John City" on the 10th inst., after spending some time in Great Britain and the continent.

Dr. W. Bruce Almon, who has been engaged at post-graduate work in Paris for the past few months, also returned by the "St. John City."

Dr. J. F. Teed, of Dorchester, N. B., was united in marriage on the 8th inst. to Daisy A., daughter of Ranchford Weldon, Esq., merchant of London, England.

Before the Canadian contingent started for South Africa, Messrs. Parke, Davis & Co. sent one hundred dollars worth of their antiseptic preparation to the medical stores. This will not only prove a valuable contribution, but speaks well for the thoughtfulness of this enterprising firm.

Book Reviews.

A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS.—By Roberts Bartholow, M. A., M. D., LL. D., Professor Emeritus of Materia Medica, General Therapeutics and Hygiene, Jefferson Medical College, Philadelphia. Tenth Edition, revised and enlarged. Published by D. Appleton and Company, New York, 1899.

This admirable work has now reached its tenth edition, which speaks in fitting language the popularity of Dr. Bartholow's treatise. The present edition has added the principal new remedies with their therapeutic value and an entirely new article on prescription writing, besides supplying omissions heretofore excluded. The size of the book has not been materially increased, which in itself is of considerale advantage, unimportant references being expunged. Dr. Bartholow's work has long been favorably known and the latest edition has been kept up to the times in the matter of therapeutic knowledge. The publishers deserve due credit for the general appearance and make-up of the volume.

THE ALIENIST AND NEUROLOGIST—The October (1899) number contains: Outline of Psychiatry in Clinical Lectures, by Dr. C. Wernicke; Degeneracy Stigmata as Basis of Morbid Suspicion, by Jas. G. Kiernan, M. D.; Senile Dementia and Marriage, by Jas. G. Kiernan, M. D.;

Christopathy and Christian Science, by C. H. Hughes, M. D.; Hemicrania and Its Relations to Epilepsy and Hysteria, by Prof. v. Krafft-Ebing; The Legal Disabilities of Natural Children Justified Biologically and Historically, by E. C. Spitzka, M. D., besides the usual Selections, Editorials, Reviews, Reprints, Book Notices, Etc. C. H. Hughes, M. D., Editor, 3857 Olive Street, St. Louis, Mo. Subscription, $5.00 per annum; Single copies, $1.25.

The Physician's Visiting List for 1900.—Forty-ninth year of its publication. Philadelphia: P. Blakiston's Son & Co.

This handy little book has been recognized for many years as the *multum in parvo* of the numerous physician's lists published. For conciseness and neatness of appearance it is difficult to excel. Besides, the book occupies a very small amount of space in the pocket, which in itself is a strong point in its favor. We can heartily endorse our previous opinion, already expressed in years past, and can readily recommend Blakiston's Visiting List to our numerous confreres.

Sajous' Annual and Analytical Cyclopædia of Practical Medicine.—By Charles E. DeM. Sajous, M. D., and One Hundred Associate Editors, assisted by Corresponding Editors, Collaborators and Correspondents. Illustrated with Chromo-lithograph Engravings and maps. Volume IV. Infants, Diarrhœal Diseases of—Mercury. Sold by subscription for series of six volumes only. Cloth, $5.00, Half Russia, $6 00 per volume. Published by the F. A. Davis Co., Philadelphia.

We have referred in terms of the highest commendation to the first three volumes of this excellent Cyclopædia, and the volume under review is in every respect as worthy of praise as those which have preceded it. An exhaustive and thoroughly practical contribution on the Diarrhœal Diseases of Infants, by Prof. A. D. Blackader, of Montreal, constitutes the first article, and it is followed by valuable articles on "Influenza," by Prof. N. S. Davis, of Chicago, and "Insanity," by the late Prof. Rohé, of Baltimore. These three articles alone take up more than 120 pages. Prof. James C. Wilson and Dr. Thomas G. Ashton contribute an elaborate paper on "Malarial Fevers," and Prof. McPhedran, of Toronto, furnishes a lengthy and profoundly interesting and instructive article on "Diseases of the Liver." Other specially meritorious articles are "Locomotor Ataxia," by Dr. W. B. Pritchard, of New York; "Intubation," by Prof. F. E. Waxham, of Chicago; "Meningitis," by Dr. Chas. M. Hay, of Philadelphia; "Intestines, Diseases of," by Dr. A. A. Eshner, of Philadelphia; and "Leprosy," by Dr. Sajous. In addition to these are a host of shorter papers on various topics by various authors, all of distinct merit.

It is not surprising to us to learn that the demand for the work has been so great that the publishers have already had to duplicate the editions of the first volumes. The work is worthy of every success, but it must be none the less gratifying to Dr. Sajous to know that it is being so thoroughly appreciated by the profession.

Some months ago the Antikamnia Chemical Co. addressed circular letters to a large number of progressive physicians asking opinions and suggestions that might be advised concerning new combinations of antikamnia with other drugs. The result has been the production of two new tablets, the combination of each appealing at once to the physician as a useful and valuable aid in many varied affections. We refer to the "Antikamnia Laxative Tablets" and the "Antikamnia and Quinine Laxative Tablets," the formulæ of which can be seen in our advertising pages.

Epithelioma Cured by Topical and Constitutional Treatment.—Sarah M. S. Norwalk; American; age 29; first seen January 27, 1898. A growth on the right ear of the size of a quarter-dollar, involving the entire lobe. Three months before, a little pimple had appeared, itched, was scratched, breaking the skin, and became very sore. The ear swelled, and the patient became quite feverish. A physician ordered lead and opium, which reduced the swelling, but the sore grew larger, and thenceforward began to assume a malignant appearance and continued growing.

A section of the growth was now examined microscopically, and proved to be an epithelioma. Operation was advised, but refused. The patient was at this time highly anemic, by all the symptons; only digestion and bowels in good order; but the red blood cells were only one-third of normal in number, while the white cells were in excess. Treatment as follows:

January 29th, commenced internal treatment with a teaspoonful of bovinine in old port wine every two hours. Topical treatment: injection thrice daily of thirty minims of a solution of one-third bovinine and two thirds alcohol, deep into the growth on the ear, until February 2nd; thenceforward three times a week until the 10th; twice a week from the 10th to the 15th; once a week from the 15th to the 17th. Following each injection the wound was dressed with pure bovinine three times a day. At the latter date the growth had nearly disappeared, and by February 21st the case was considered to be cured, but will be watched for any possible reverse. The general condition was strikingly improved. I had never known so rapid and complete a result in the treatment of epithelioma.—*St. Louis Medical and Surgical Journal.*

Sanmetto and Substitutes.—I have used sanmetto, also substitutes, but must say sanmetto is the *only remedy* where it is indicated. It is all claimed for it. I use it every day.

Honton, Ill. G. A. Smith, M. D.

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THE
MARITIME MEDICAL NEWS,
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Original Communications.

PYREXIA; ITS PATHOLOGY AND TREATMENT.

By M. A. B. SMITH, M. D., Class Instructor in Practical Medicine and Lecturer on Therapeutics, Halifax Medical College.

The treatment of hyperpyrexia is, to my mind, one of the most difficult problems that confront the physician. The coal tar products have been given on the theory that there is increased oxidation in fever, and that these diminish it; and the cold bath has been used on the same theory.

They are all, let us say, dangerous remedies. I have introduced this subject to state certain fears of my own of the Brand treatment. But what the physician needs first is a sound physiology and pathology. And I will now (if you will pardon so lengthy a reference) state the views of Prof. William H. Porter of the Post-Graduate Medical School, New York, at a length sufficient only to make them clear, going to show that this cold bath is contrary to the pathology of fever.

At the Post-Graduate School last February, Prof. Porter read before the Clinical Society of the school a paper on "Febrile Conditions, their Relation to Body Heat Production, and their Treatment." His line of argument was this:

"The usually received theory on which our treatment of the febrile state has been based has been that in fever there is increased heat production. It is necessary to have a correct conception in the first place

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* Read before N. S. Branch British Medical Association, Nov. 29th, 1899.

of how heat is normally produced in the body. Physiologists tell us there are two sources of heat, the oxidation of food stuffs, and secondly that produced by friction. Ninety per cent. of heat produced is due to oxidation of food stuffs or body tissues, viz., the combustion of the starches, the fats and the proteids. Ten per cent. is due to such friction as occurs in connection with the ever-flowing currents of blood and lymph, as they course through the blood vessels and lymph channels. To this may be added the friction of the joint surfaces as they play upon each other, the play of the muscle fibres and various soft structures upon each other, and we may admit a certain amount of frictional heat production as the result of the movements of the molecules and atoms against each other."

I may say that this view of the sources of heat does not seem to quite coincide with that given in Michael Foster's Physiology, which says: "We may conclude that since metabolism is going on to a greater or less extent everywhere, heat is everywhere being generated; but that, looked at from a quantative point of view, the muscles and the glandular organs must be regarded as the main sources of the heat of the body, the muscles being the more important of the two."

Proceeding Prof. Porter says: "From whatever source derived, the friction heat production is a very small quantity as compared with the oxidation production, so that in all our calculations the great source of heat production still remains in connection with the oxidation or chemical reduction processes that are continually taking place within the system. Consequently the elucidation of this intricate and most important problem has chiefly to do with the oxidation of the food stuffs and body tissues."

The temperature of the body is not a simple problem of oxidation and friction *production* of heat, as the generally uniform temperature is 98.6° without absolute regard to the amount of food taken or to the surrounding temperature. There are therefore two other factors, the *dissipation* of heat and its *storage* in the system.

There may be increased surrounding temperature and increased oxidation, and still the body heat may remain normal. Or there may be a lowered surrounding temperature and "no proportionate increase in the consumption and oxidation of food stuffs or body tissues, possibly even a slight decrease in oxidation processes," and still the body heat may remain normal. There are, therefore, three elements in the maintenance of the body heat, viz., its formation, its storage and its excretion or dissipation.

Beyond certain limits, with reference to food and surrounding temperature, we cannot go, however, and still find the body heat normal.

"To explain these varying pictures, we are told by some in a more learned manner, that there is in the brain a heat centre or centres, all of which is probablly true, as the nervous system is generally interpreted, but just where these centres are located or the *modus operandi* by which they control these three factors, we are in absolute ignorance. The manner of action of these centres or how they can be with certainty affected by medicinal agents, has yet to be more fully and clearly elucidated. We do know this much from a practical standpoint, and one that can be utilized for the benefit of the patient viz: that heat is produced, that heat is stored and that heat is excreted."

At this point Prof. Porter takes his stand and he says: "We can also determine quite accurately whether we are dealing with an increased or a decreased heat production, with excessive excretion or augmented storage of the heat which is produced within the system: even if we cannot yet explain all the intricate phenomena that are connected with and that make possible these undeniable facts."

To produce the normal excrementitious products of the physiological economy, and maintain a normal state of the system, a uniform temperature and body weight requires the perfect utilization of a given quantity of food daily. As already observed, however, a reasonable deviation from this absolute standard may be indulged in, but not for any considerable length of time.

The most accurate method of arriving at the amount of food required daily is to take as our standard the average of all the estimates of the physiological chemists, of the amount of nitrogen and carbon dioxide eliminated daily, when a fairly uniform condition of the system is being maintained—these two substances being the end products upon which all our calculations are founded.

To produce the requisite amount of nitrogen and carbon dioxide to be eliminated in the case of an individual weighing 150 pounds, 399.67 grammes or 14.13 ozs. of proteids, fats, glucose, and mineral salts are required. This is given as an ideal standard to determine the heat production of the animal economy, both in healthy and in connection with febrile conditions.

With a diet of this composition and amount there is a daily heat production (oxidation and frictional), of in round numbers, 7,000,000 foot pounds. "With this quantity of heat produced daily, we have maintained a uniform temperature of 98.6°F."

It is further known that even with a positive decrease in the heat production, the temperature remains normal. On the other hand, with increased oxidation the temperature remains normal. These two diametrically opposite conditions of oxidation, while the body temperature remains unchanged, can be explained only by accepting the fact that in the former instance there is a decreased excretion of heat from the body, with a proportionate storage within the system of the little heat that is produced, while in the latter there is an increased exertion with decreased storage.

Proceeding from these as fundamental facts in relation to the *normal* state of the system, Prof. Porter goes on to determine whether in the febrile condition there is an actual increase or decrease in the heat production of the body.

He takes typhoid fever as his example, because in it there are a large number of days in which to apply observations and computations.

It will be admitted that during the 28 days of fever, a patient does not, at most, utilize more than one-half the normal quantity of food stuffs. The oxidation heat production on full rations for 28 days is 175,237,916 foot pounds, this added to the friction heat for the 28 days, which is 19,470,879 foot pounds, makes a total heat production of 194,707,795 foot pounds for 28 days.

Take now the typhoid case. For the same number of days we assume the friction heat the same as in health, although it is probably reduced, certainly cannot be materially increased. The decreased muscular activity will counterbalance the increased frictional activity of the circulation. It is fair to let the frictional heat stand the same. But the heat produced by oxidation reduction is unquestionably reduced one-half on account of the diminution in the food supply. Therefore the heat production from oxidation is only 87,618,958 foot pounds, and including frictional heat, only 107,084,837 foot pounds, instead of the normal 175,237,916 foot pounds in 28 days, Prof. Porter says that, assuming there is a rise of temperature above normal (he does not say how great), and assuming that the rise is due to increased oxidation, 15,576,623 foot pounds of heat would be required in addition to the total loss of 87,622,958 pounds, making 103,199,581 foot pounds which must be generated *from some other source than the food* supplied to the system, if the average increased temperature is to be maintained throughout the febrile period as the result of oxidation heat production.

He does not deny that the body contains sufficient fat and proteid matter, by the oxidation of which this amount of heat can be produced, but he says it would require the destruction of one-third of these constitutents of the body—a state rarely seen at the bedside or at the necropsy table. That this great loss of body tissues does not occur is further proved by the fact that there is a decided decreased excretion of nitrogen and carbon dioxide during the febrile period. On the other hand, if this increased heat production was the result of this greatly augmented oxidation of the body tissues, the excretion would have to contain a much larger amount of excreta *than is commonly found during a perfectly normal state of the system.* As this is not true, only one conclusion can be deduced, which is, that during all febrile conditions there is, instead of increased heat production, a state of decreased heat production to combat; that the apparent rise in temperature as recorded by the clinical thermometer is the result of a decreased production of heat in the body, associated with a decreased excretion of heat from the system, and an increased storage of the diminished amount of heat produced within the animal economy. Now granting this, Prof. Porter writes further, with reference to the cold bath treatment of fever. "If we have decreased heat production we certainly do not want to excite further abstraction of heat from the body, unless it can be shown that the cold bath augments heat production, increases the utilization of the food stuffs, and excites a more perfect secretory and excretory action, it certainly must damage still more the system when used in connection with febrile conditions, with our present knowledge of the pathology of febrile conditions, and the judicious administration of the therapeutic remedies at our command, few cases will be met with in which there will be an occasion to resort to the extreme cold baths." In the long discussion that followed the paper, five members took part. Of these, one expressed his belief in increased oxidation, but none ventured to argue that point. Two expressed their view that the best results of cold baths were due to the favorable impression they created on the nervous system. Another thought that the fact that heat production is less in fever, did not effect the fact that the body temperature is higher and that it leads to injurious consequences. Prof. Wilcox said his own connection with the cold water treatment had begun in 1881 and ended in the next year, during which he had perhaps used it a hundred times. The bath did not reduce the temperature to any appreciable extent. In about 15% of all the patients there was a rise instead of a fall within an hour after the bath. However, the theory that the bath reduced the temperature had been *abandoned*, and the reason for this had been given at this meeting. The theory had then been propounded that the bath was a great nervous stimulant. It was and it was not. He would say that better stimulation would follow the administration hypodermatically of 1/20 of a grain of strychnine than from the bath. He had had opportunities within the last six or seven years to see the results of these baths in the practices of others, and he had noted that some of those who spoke most loudly in public in favour of the bath treatment often used all sorts of remedies in the latter part of typhoid fever. These advocates of the bath treatment would not treat the bad and protracted cases by these baths. He would treat typhoid on the surgical principles of cleanliness (antiseptics.)

Prof. Porter, in closing, said that evidence whether mathematical, theoretical, physiological or chemical, furnished absolute proof that the physician who was dealing with a febrile condition was dealing with a body which was producing less heat than normal. In all the years that he had practiced medicine he could recall having given only three cold baths.

My own fears of the treatment of fever by the external application of cold have arisen from several cases which have done badly under its use. And I may say that I have only employed the sponging with ice water, not the cold bath. In several cases of typhoid fever after the cold sponging and toward the third week, congestion of the lungs or pneumonia have occurred.

Two recent cases have especially impressed me. One was that of a young strong colored man who was nursed by the nurses of the Victorian Order. A week after the cold sponging had been begun he developed pneumonia which proved fatal, as I think it always is in these cases. Not long after, I attended a young strong married woman of Scotch parentage. I employed the cold sponging and not without misgiving. Soon she developed capillary bronchitis, and died. I am sorry that I have not accurate records of these and other similar cases.

It appears to me that if the use of the cold bath is contrary to the evidence of chemistry, it is also contrary to the theory upon which we still use hot applications. We use hot applications to withdraw blood from congested central organs to the surface where it is radiated. If experience is worth anything hot poultices in pneumonia have helped to cure many a case, and if we had any theory right it has been that they benefited by inducing the blood to the surface. Now, the application of the cold bath must have directly the opposite effect of forcing the blood still more into the relaxed, paralyzed and distended blood vessels of the lungs.

It seems we can accomplish but little in the treatment of fever itself. We can help the secretory and excretory functions of the body, and also the digestive functions. In typhoid fever much can be done by intestinal antiseptics.

Note.—Two years ago Dr. A. Halliday read before this Society a paper giving the results of practical experiments of his own, to ascertain whether antipyrine in reducing temperature diminished oxidation. He did not satisfy himself that oxidation was diminished by it in medicinal doses. He found no methæmoglobin in the blood. Porter believes its antiseptic action is due to its dilating the surface blood-vessels—its action on the circulation.

Clinical Reports.

OPHTHALMIC CLINICAL CONTRIBUTIONS.

By David Webster, M. D., New York.

Case 1.—Glaucoma supervening upon neuroretinitis.

Mrs. Amelia M., aet., 38, came to my clinic at the Manhattan Eye and Ear Hospital on Dec. 17, 1886, complaining of blurred vision, a diagnosis of hypermetropia was made, and glasses + 1 D. were ordered, which gave her vision 20/20, each eye. She was advised to wear these glasses all the time. An ophthalmoscopic examination showed no intraocular lesion, but that each eye was hypermetropic about two diopters. She returned to the clinic eleven months later (Nov. 21, 1887) and the ophthalmoscope then showed that she had a mild form of neuroretinitis of the right eye. As a thorough investigation failed to reveal the cause of the disease, she was put upon small doses of the bichloride of mercury on general principles. On Feb. 2, 1888, although the vision was 20/20 in the eye affected with neuroretinitis as well as in the other, it was found that the swelling of the optic papilla had increased. She was then referred to Dr. H. N. Heineman, at the New York Polyclinic, for further investigation and treatment. Dr. Heineman made a diagnosis of gastro-hepatic dyspepsia, and treated her for the next two months with appreciable improvement in her general health; but, meanwhile, the vision of her right eye had deteriorated, and was now 20/50,(April 28, 1888). On May 1, 1888, the patient was referred to Dr. E. C. Seguin for his opinion as to brain disease. Having found no evidences of intracranial disease he first gave her mercury to the point of salivation, and then followed this up with iodide of potassium, gr. 70 t. i. d. This treatment was continued for five weeks. During this period the vision of the affected eye increased to 20/40. On July 28, 1888, the patient came to me complaining of severe pain in and about the right eye. The pain was not constant, but came on at intervals. I found the vision to be 20/30 with + 1 D. The anterior chamber was abnormally shallow, and the pupil was slightly dilated and markedly sluggish. The tension of the eyeball was considerably increased (+ 2). The ophthalmoscope showed pulsation of the retinal arteries, and the optic disk, instead of being swollen, was moderately excavated. The visual field was contracted on the nasal side. On July 30, the patient was admitted to a bed in the hospital, and ether having been administered, I performed an iridectomy upward. Two days after the operation the patient complained of pain over the other eye, but this yielded to myotics in a few hours. The eye operated upon did well until the fourth day, when the patient reopened the wound by sneezing violently. The anterior chamber remained empty for four days, when under the use of eserine the leak was stopped. On Aug. 8, the anterior chamber was of normal depth, the vision was 20/30 and ophthalmoscope showed that there was no longer any pulsation of the retinal arteries. The patient was discharged on August 10, 1888, with the eye in a perfectly quiet condition, and having had no pain since the operation.

Case 2.—Injury to an eye by the tip of a parasol.

W. R. H., aet. 59, was accidently struck in the right eye by the tip end of one of the steel ribs of a parasol, Aug. 18, 1887. The injury was followed by pain which constantly increased in severity, and which interfered with his sleep. He bathed his eye with hot water, and by the advice of a friend, with iced milk. The eye grew steadily worse and became bloodshot. He came to clinic Aug. 21st., nearly two weeks after the injury. A diagnosis of traumatic iritis was made, and frequent instillations of 1% solution of sulphate of atropia were advised with the view of breaking up the adhesions. The vision was R. 20/100 with + 3 D., L. 20/50 with + 2.50 D. On Sept. 2, 1887, he had vision, R. 20/200 with + 3 D., and L. 20/20 with + 3 D. On Sept. 9th, when he presented himself at the clinic, he was suffering greatly from pain in the eye, and was therefore admitted to a bed in the hospital. The adhesions had been all broken up, so that the pupil was well dilated and circular. The tension of the eyeball was slightly increased. The eye was very red. Two leeches were applied to the right temple and there was some temporary relief. He passed a bad night, however, and an anodyne had to be given him to relieve the pain and enable him to sleep. On the night of the 11th,, so severe was his pain that he was given two hypodermics of sulphate of morphia before he was anything like comfortable. Under the use of iced cloths and atropine, he from this time forth steadily improved, until on the 16th. he was discharged nearly well.

327 Madison Avenue.

MENINGITIS.—TWO CASES.*

By F. W. GOODWIN, M. D., M. R. C. S., L. R. C. P., (London,) Professor of Materia Medica, Halifax Medical College.

On the first of April last, I was called to see W. C., aged 17. I found him with a temperature of 103.4°, pulse 110, suffering from very severe headache and sickness at the stomach The fever soon declined from the effects of treatment, but altogether continued exactly three weeks. At intervals during the three weeks there was some delirium with attacks of excruciating headache. In the third week he became very much debilitated, paying no attention to anything, the headache disappearing somewhat. I then began to notice some symptoms of paralysis. There was ptosis of the right eyelid—though the pupils were normal and reacted to light. There was also facial paralysis on left side—his smile was confined to the right side. The left leg was also partially paralyzed, the patellar reflex being diminished. There was no anæsthesia. Later diplopia was observed which was very marked, apparently from paralysis of the fourth nerve—one image diagonally above the other.

After the third week his general condition began to improve but he continued to be attacked at intervals by atrocious headache and vomiting, when the mind seemed to waver a little. About six weeks ago he had his last attack of severe headache and vomiting. But he was very much emaciated and recovered very slowly. When he began to get about œdema of the left leg set in, which continued two or three weeks. The paralysis gradually disappeared,—the œdema being the last symptom. I saw the patient a few days ago and he was as well as ever. The patient was accustomed to drive a milk cart and was so engaged when he became ill. There was no near history of tuberculosis in the family. Other organs free from tuberculosis.

The treatment consisted at first of ice to the head, leeches and blisters behind the ears and drastic cathartics, (calomel and croton oil.) Mustard was applied to lower extremeties and various parts of the body. While headache was severe I administered large and repeated doses of bromide in combination with the other treatment. After the third week I gave iodide of potash with maltine and cod liver oil and finally Fellow's syrup.

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* Read at meeting of Medical Society of Nova Scotia, Truro, July, 1899,

Now for the second case.

Mrs. S., aunt and neighbor of the above patient, aged 40 years,—watched with him one night during the latter part of the third week of the disease, when he was apparently very near death. As the patient was inclined to roll out of bed she lay down along side of him for some time, and in this close proximity had ample opportunity to inhale his breath. Just nine days after she watched with him, I was called to see her and found her unconscious. She had been vomiting and the vomited matter contained undigested food. At first I was inclined to think that the condition was due to the stomach. But in intervals of semi-consciousness she showed signs of suffering from extreme headache. There was slight spasm of the arms and disturbance of respiration. The consciousness gradually returned during the next few days. The temperature in her case was at first 101½° and returned to normal as the consciousness came back. She seemed somewhat demented as she was recovering, but closer observation convinced me that *amnesia* was the principal trouble. She could not read. She said she could see the words but did not know what to call them. On being told, however, she immediately recognized them. On attempting to converse she seemed to have ideas but her power of expression was lost. On trying to talk she seemed constantly like one who for the moment forgets the name of some familiar person or thing, when he attempts to speak of it. This mental blank seemed constantly recurring to her. Her little children were teaching her over again to read. Even the names of some of the letters she had forgotten. There seemed to be no paralysis. At one time she said she saw two watches when I held mine before her eyes—but this symptom disappeared in a few days. Her eyes seemed as near as I could tell to act exactly in unison. I have known this patient for a number of years, and consider that she is far from being a hysterical person. She has now almost entirely recovered. There is no tubercular history in the family, and as in the first case no symptoms of tuberculosis in the other organs presented themselves. There was no herpes in either case. The treatment in the latter case was similar to that adopted in the former.

The question might arise as to whether these two cases were not simply la grippe. If they were, I never saw two cases like them. The head in each case was affected from the very start, and as a rule I believe, meningitis if it occurs in la grippe comes on later.

Neither patient complained of aching in the limbs. No other member of either household was ill for some time previous, during or since their illness.

I believe there have been during the last winter a great many cases of epidemic cerebro-spinal meningitis on this continent and I thought these might be two such cases. This disease is said to be due to the diplococcus pneumoniæ, also called the pneumococcus, or streptococcus lanceolatus. Such cases are often associated with pneumonia, and herpes is associated with both.

Many cases of cerebro-spinal meningitis arise sporadically which are probably due to this germ—the same that gives rise to the epidemic form. The parts lying in the posterior fossa of the skull are generally attacked and thence the disease descends into the spine.

Dr. D. A. Campbell was called to the first case during a critical period of the disease, but through a misunderstanding he did not get there. In conversation with him about the case, he called my attention to the practice of lumbar puncture to draw off fluid from the arachnoid cavity for microscopical examination. This is now extensively done in some hospitals to establish the diagnosis of the cause of the disease in a given case. I should be slow to undertake this until I thoroughly understood its technique.

In conclusion I would like to ask the members of the society whether any of them have lately seen cases of meningitis that proved to be contagious or that gave symptoms of being caused by the pneumococcus.

(Since reading the above paper, the second case has continued mentally to improve. Had her eyes examined by a specialist and hemianopsia was found. This would to some extent account for the difficulty in reading. Patient's mental condition does not seem to me to be quite up to the normal standard yet. The full sight of the eyes will probably never be restored.)

TWO CASES OF "LA GRIPPE" WITH SYMPTOMS POINTING TO CEREBRO-SPINAL MENINGITIS.*

By M. S, Dickson, M. D., Great Village, N. S.

On March 21st of the present year I was called to see E. B., aged 19 years, and J. B., aged 21 years, brothers, said to be suffering from a relapse of "la grippe." Both boys having arrived home in a delirious condition I could not get a very good history of their present illness up to that time. Their father told me that two weeks before they had had an ordinary attack of "la grippe," which had confined them to their beds for several days, the other members of the family having similiar attacks at that time. They had no medical attendance, but I have no doubt but that the old gentleman's diagnosis was correct. The boys recovered sufficiently to enable them to return to their work, which was chopping in the lumber woods. After working a few days they had to give up, and returned to the railway station nearest their home on the 20th of March and started to walk the remaining distance of four miles in a blinding snowstorm. They were, by the time they arrived at the station, in a semi-delirious condition, and the younger, E. B., gave out on the road. The elder reached home in an exhausted condition, and after being questioned about his brother, it was learned that he had given out by the road-side, and when brought home was wildly delirious. The following evening I was called in.

I will first give a description of the condition and symptoms of the younger, and refer first to those of the nervous system which were the most striking. There was headache of the most severe type, at first most marked in the frontal region, but later becoming equally severe in the occipital. Though delirium was so active at times that the pain in the head would be apparently forgotten in his raving, it would be as severe as ever on his partial return to consciousness, causing the patient to cry out as though with most excruciating pain. Though light, motion, or noise increased the severity of the pain, it was usually most severe in the early part of the night. Although apparently dreading any motion, he would at times become very restless and even try in his delirium to get out of bed. The head was thrown back, but not held very rigid at the time of my first visit on the 21st. At the time of my second and third visits on the 26th and 27th the rigidity was very marked. Lumbar pain was very severe when I first arrived in the evening, but had not been complained of earlier in the day. Lumbar pain continued throughout and was exaggerated by motion, but not by pressure along the spinal column. The hand slipped under the pillow would cause intense pain on making the slightest efforts to raise or move the head. There was no paralysis up to the time of my last visit to him on the 27th. Delirium was constant and at times violent, but for the most part low and muttering, with hallucinations of sight and hearing. Occasionally, when spoken to sharply several times in succession, he would answer questions quite rationally and distinctly. The eye symptoms were not important, the pupils were normal and reacted well and equally to light. Hearing was very dull. Insomnia was very persistent.

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* Read at meeting of Medical Society of Nova Scotia, Truro, July, 1899.

The temperature on the first visit was 106° F., on the 26th 104.2° F., and on the 27th. 103.5° F. The pulse on the first visit was 120, on the 26th 109, and on the 27th 102 and irregular. It was small and wiry from the first.

Respiration was not much accelerated, but on the 26th. and 27th. it was of the Cheyne-Stokes type. Percussion and auscultation were negative.

Herpes developed early and was most marked on the lips and buccal surfaces with some spots on the chin and on one cheek. At my first visit there were bright red spots of various sizes on the face and body which did not disappear on pressure. They became much darker and less marked by the 26th.

Vomiting was a troublesome symptom for the first two days. The tongue had a thick yellow coating and was very dry at first, and in a few days became glazed, dark and fissured. The appetite was very poor. Constipation was marked at first, but a mild laxative produced quite a copious diarrhœa. There was never the slightest tenderness over the abdoman nor any tympanites.

The urine was about normal in quantity and contained traces of albumin.

Death took place on the 27th, nine days after coming home, the patient being comatose for about eighteen hours. Decomposition was very rapid; twelve hours after death it was very difficult to approach the corpse, which was quite black and offensive, and the skin would slip from the flesh on slight pressure.

The history of the older boy is very similar, but the temperature ran a much lower course, falling irregularly from 102.5° F. on the 21st. to 99° F. on the 27th, and rising again to 100° F. on the 30th, which was the last time I saw him. The pulse on the 27th. ran from 78 to 96, varying that much in a few minutes. It was small and wiry. Marked variation was noted right through his case, counting ten to twenty beats more at one time than it would ten minutes later. On March 30th, the day before death, it was intermittent.

The delirium in this case was of the low, muttering type right through.

The bright red rash was less marked than in his brother's case, but large blotches of a dark red colour developed on his back a day before his death.

Twenty-four hours before death the odour of decomposition was very strong, and by drawing the finger with firm pressure over the body the epidermis would tear and roll up like a piece of wet wrapping paper, while the slightest touch would leave a dark red mark. Death occurred on April 1st, eleven days after coming home.

In neither of these cases was there paralysis or very marked contractions. Though Kernig's sign was more marked in the elder brother's case, it was quite well marked in the other. In the former the legs could not be straightened much beyond a right angle when the patient was sitting up in bed. If, as is claimed, this sign indicates meningitis, we may ask: Had these boys la grippe, or did they only have meningitis, or cerebro-spinal meningitis? From what I could learn of the sickness they had early in March, I think they then suffered from that most protean of all disease, la grippe, and that their subsequent exposure to the hardships and insanitary conditions of lumber-camp life along with their tramp home in a snowstorm in their weak condition brought on cerebro-spinal meningitis as a complication.

Selected Article.

NOTES FROM PRACTICE IN THE ARGENTINE REPUBLIC.

By F. G. Corbin, M. D., (McGill, '90), Mendoza, Argentine Republic.

To start with, I am not a "scribbler," and am not going to pretend to be what I am not; my aim is simply to put in writing the histories of some of my cases which I, perhaps wrongly, consider out of the ordinary run, paying special attention to the practical side. I am not going to follow the dates, but simply pick out cases or series of cases here and there which to me seem fittest; above all, I intend writing out those in which I have been wrong in diagnosis or treatment. What is the good of only writing down the cream? One man's mistakes, confessed, may save the life of some poor human. Confession there will be, and perhaps my cases will be open to the stinging pen of the critic. Let my readers, too, remember, while reading these notes, that the difficulties under which I have often operated were at times so great that only one accustomed to them would have dared to interfere.

As some of my readers may remember, I left for this country immediately after graduating from McGill in 1890, and, owing to laws which do not allow foreigners to practise without first passing the corresponding examinations, I could not practise in any town where there was a received Argentine physician: I was forced to go to a place where there was no licensed doctor. I went to Patagones on the Rio Negro, a small town of three or four thousand inhabitants, including the smaller town of Viedma on the opposite bank of the river. Owing to the great distance and want of communication, these towns had then no received medical man.

About a week after reaching Patagones, a gentleman, well dressed and apparently well-to-do, walked into my office. He told me that for twenty years he had made it a practice to consult every new "medico" who came to the town; that they had all seen and prescribed for him, but that not one of them had been able to cure him I naturally asked him what was the matter, and he showed me a long prepuce which was cracked on the surface over which the urine passed. I told him that I would cure it for him in a week and that it would never come back again. He was very pleased and asked me for the prescription. I showed him a bistoury, and told him that that was the only receipt that would cure him, at the same time explaining to him the cause of his trouble and the proper way of curing it. He would have none of it, but wanted a salve or lotion. I told him that I did not want to be on the list of which he had just told me, and refused to give him a salve. Some days later I circumcised him with natural results,—radical cure, happiness, etc.

That small operation gained for me more than any other I have ever done; more reputation, more future operations, more fees, more everything. It was plain I knew more than any man who had been in Patogones for twenty years previously. I could not kill; if a patient of mine died it was because "God willed it," not from bad attendance, or from wrong diagnosis or treatment. This gave me courage; I began working at surgery, and have kept at it ever since. At present I hardly do anything else, and have gained a reputation, if I, myself, may say so. I will now relate another operation, done eight years later, which did the same for me in another part of the country, as the circumcision of Don G—— M—— did in Patagones.

FŒCAL FISTULA FOLLOWING PELVIC ABSCESS CURED BY OPERATION.

On January 13th. of this year I was called to see a Mrs. G., wife of a lawyer in Rio IV. Rio IV. is a good big town in the province of Cordoba, a day's journey from here by train. I happened to be there a couple of days on military business. Her history was briefly as follows:

Age 21 years, married twice, fairly good general health. After her first confinement, eleven months previously, she had had puerperal fever, and as a consequence an abscess of the broad ligaments (judging from what her medical man told me,) which was too high and too far out on the pelvic brim to be opened per vaginam. This abscess, the size of an orange, had been opened in the left inguinal region by Dr. Norona, who afterwards assisted me at the radical operation. A fistula resulted, for which she was taken to Cordoba, where she was treated by scraping the fistulous tract, and, later, burning it with nitrate of silver She was sent home as well, but almost immediately the fistula opened again and she went to Buenos Ayres, to one of the best clinics there, to be treated. More or less of the same treatment again healed the sinus, and at the end of two months she again returned home considered to be all right. In a week's time the fistula had re-opened.

At the date on which I saw her, she had been home from Buenos Ayres sabout three months, and had a small fistula in the left inguinal region into which water, on being syringed, found its way into the rectum and was expelled in a few moments by the anus, proving without doubt the nature of the sinus. I proposed a radical operation, and consent being obtained, decided to operate next day, as my sojourn in Rio IV. was very limited. A dose of calomel was given, she was told to take only liquid food that day, and antiseptic cloths were applied to the abdomen. A clyster was given next morning, and, assisted by Dr. Norona and my soldier nurse who was with me, the operation was undertaken.

I first made an incision from the anterior superior spine of the ilium, of about five inches in length, in the direction of the symphysis pubis, going through all the coats of the abdominal wall. I found the omentum adherent all around the fistulous tract, which held a metal probe as a guide. After much trouble, I was able to clear this away and get down to the sigmoid flexure, which was firmly fixed by adhesions. These adhesions were broken down and the gut relieved, but not sufficiently to admit of its being lifted out of the abdomen. Boracic acid gauze wrung out of hot saline solution (six grams of sodium chloride to the litre) was packed in to prevent the small intestines from being cooled or soiled. I then made another skin incision, beginning and ending at the same points as the first, but running in a curved line half an inch below the opening of the fistula. This incision was dissected down in the same way as the first until I finally got the tract of the fistula in its whole length separated from the surrounding tissues I next cut this off flush with the gut and removed the elliptical piece of skin, etc. The hole in the gut thus produced was about a quarter of an inch in diameter. First clamping the intestine on either side, I now cut out a ring of the degenerated bowel around this hole until I got into what I considered sound gut. The opening was now an inch in diameter in its long axis. I decided to simply stitch up this opening hoping, as I still hope, that the calibre of the gut would not be sufficiently reduced to produce any difficulty later on. I used Lembert's suture and silk No. 0, bringing up and covering over the wound with peritoneum. I thought it prudent to put in a gauze drain on account of there having been an escape of a few drops of pus when I cut off the fistula. The rest of the wound was stitched up in three layers, and my patient came out of the chloro form.

The next morning I left Rio IV., and for the rest of the history I am indebted to Dr. Norona, the resident physician. On the third day the gauze drain was removed, and there being a little pus, a fresh one was introduced. On the fourth day the temperature rose and, on removing the dressings, there was a slight discharge of fœcal matter. From this time on slight fever was noted and the dressings were changed twice a day, the botton of the wound being dried with gauze each time, until at the end of five weeks the opening had completly closed. I have seen the patient on two occasions since, in April and again in the last week of June, and she is quite well and without any sign of a return of the fistula.

NEPHRECTOMY WITHOUT A LIGATURE.

On February 25th I was called in consultation here (Mendoza) to see a lady, Mrs. A., 28 years of age, married six years, no children, who had been in bed for nine months. She gave me the following history :

Nine months before a swelling appeared in the right side, gradually became of an enormous size, and finally broke in the right loin, discharging at first watery pus, which later became much less fluid in consistence. Three months ago she began to lose the use of her right arm, especially of the shoulder muscles, which were greatly atrophied. Movement of the joint was painful and much limited. Near the end of the last rib there was a fistula which was discharging pus freely. On introducing a probe, I found it to be very deep and running in the direction of the anterior superior spine of the ilium, but I could not, as I expected, find an opening leading into the kidney. The following day I examined the ureters by Kelly's method. On the right side the catheter would not enter the ureter beyond a couple of inches, and no urine came away through it. I then felt sure, although I could not find the opening, that the fistula undoubtedly led to the kidney ; and I decided to operate.

On February 28th, assisted by Dr. Goldsack, I introduced a grooved sound into the fistula, and splitting it up, soon found the opening into the kidney. On enlarging the wound, the kidney was found large and white, and on being incised, showed evidence of fatty degeneration, but little blood escaping from the cut surface of the organ. To get more room I cut away the lower third, after passing a Lawson Tait knot around it. Then. freeing the remainder of the kidney, I placed a ligature around the vessel and cut the organ away with scissors. I next introduced, guided by my fingers, a pair of scissors to cut the ends of the ligature which had been left long. By some mistake I cut the ligature itself, and to my surprise pulled it away. To my greater surprise there was not any hæmorrhage at all; not a drop of blood came away. On investigation the artery was found to be completely obliterated. A nephrectomy without a ligature is, I think, rather rare.

I filled in the cavity with gauze and sewed up the wound, leaving a place for a gauze drain. Recovery was uneventful. The patient was up on the 23rd day, and the cavity had filled up by the end of the month, leaving only a skin deep fistula, which healed two weeks later.

This patient has gained some thirty pounds since the operation, and has gradually been recovering the use of her arm under treatment by massage and passive motion.

I have operated five times on the kidney, twice for stone, two nephropexies and the above nephrectomy. On again attempting the latter operation I would try the incision recommended by Langenbuch instead of the lumbar incision, which gives very little room. Had the artery not been obliterated in this case, it is doubtful if my patient could have withstood the hæmorrhage. The lumbar incision suits very well for nephrolithotomy and nephropexy.

INTERSTITIAL PREGNANCY MISTAKEN FOR A MYOMA UTERI — OPERATION — RECOVERY.

On June 24th I was called to see a woman supposed to be suffering from a fibroid of the uterus, and who gave the following history:—

S. A., aged 38, has been married 20 years, and is the mother of seven children, the youngest of whom is four years of age. Two years ago she began to suffer from metrorrhagia, the flow at times lasting from one menstrual period to the next. After lasting about a year the hæmorrhage suddenly stopped, and about this time she began to have severe pains in the abdomen and noticed a lump growing. In April she came in from the country to the native hospital here, and, when I saw her, was still complaining of pain, for which she had been given morphia continually since her entrance to hospital. There was great emaciation, probably partly on account of the morphia which she had been taking, but beyond this her general condition was good. The urine was normal. On examination, I found the uterus in a position of exaggerated anteflexion and a sound entered 8 centimetres. The tumor, which was about the size of an adult head and reached three inches above the umbilicus, was very hard, but free from nodules, and evidently fixed to the uterus, which moved with it. Pressure of the tumor had produced constipation only relieved by clysters. I came to the conclusion that it was a myoma, probably submucous, and decided to do a hystero-myomectomy as described by Kelly in Volume II. of his Operative Gynæcology.

After a dose of calomel (0.50) and preparation of the abdomen, on June 26, assisted by my colleagues, Drs. Goldsac and Paladini, and my invaluable soldier-nurse, I opened the abdomen by an incision reaching from the upper margin of the tumor about three inches above the umbilicus to the symphisis pubis. I found the omentum adherent right across the tumor, in some places so firmly that it could not be separated by the fingers, but had to be ligated and cut. I then endeavored to lift the tumor out of the pelvis, but was unsuccessful, even with the help of a colleague's hand in the vagina; so, beginning on the right side, I tied and cut the broad ligament down to the uterine vessels, and then worked my way across between the uterus and bladder, pushing down the vesico-uterine peritoneum. I was now able to roll over the mass and then tied the uterine artery and cut through the cervix, leaving the stump. The left side was much more easily dealt with, simply rolling up the mass and putting forceps upon the vessels until everything was clear. All the vessels were now secured and the cervix stitched in the method described by Kelly. Over all, the peritoneum was now stitched from one side of the pelvic brim to the other by a continuous catgut suture covering in everything. I then drew down the omentum and put two catgut stitches in it, thus fastening it over the line of the peritoneal suture (as recommended by Forgue and Reclus) to prevent possible adhesions between the intestine and line of suture, and also to act as an absorbent for any liquid which might collect in the pelvis. The abdominal wound was closed without drainage in three layers, catgut being used for the peritoneum, wire for the muscle, and silkworm gut for the skin. The operation was finished in one hour and twenty minutes, much of this time being spent in freeing the adhesions of the omentum.

While turning out the tumour I had noticed that at one spot on the posterior surface it was quite soft, and thought at once of cystic degeneration. What was my surprise, however, on opening the mass, to find a placenta, dry and hard, and a little dried-up fœtus, flattened out by pressure, measuring about five inches in length. On separating the uterus from the tumour it was seen that the ectopic gestation had taken place on the right side. On looking back over the history of the case now, I see that I might have suspected such an explanation of the symptoms, but the hardness of the tumour and its position nearly in the middle line filling up the pelvis, pointed rather to the presence of a myoma of the uterus.

The woman made an uninterrupted recovery, the dressings not being touched until the eighteenth day, when the stitches were removed, and she left for the country on the 32nd day after the operation in perfect health.

A word or two about the technique in antiseptics. Permanganate of potash and oxalic acid are used, after a thorough scrubbing, for disinfection of the hands: all instruments are boiled for at least ten minutes in alkaline water (carbonate of soda): catgut is sterilized by boiling in alcohol under pressure: sponges are prepared after Kelly's method: silk, silver wire and silkworm gut are simply boiled with the instruments; as however, repeated boiling in the alkaline water weakens silk and silkworm gut, only sufficient for the operation in hand is put in. For ordinary work sterile normal saline solution is used for both instruments and washing out cavities. I, following Dr. O'Connor, have given up the use of iodoform. Picric acid, 3 to 5 grams to the litre of water, has taken its place and, I believe, to advantage. Strips of gauze soaked in this solution are used for packing suppurating cavities or applying to dirty wounds. The site of operation is prepared by scrubbing with soap and hot water, followed by a thorough rubbing with alcohol, and, if time permits, carbolic or sublimate fomentations are applied. Permanganate and oxalic acid complete the process. The secret of success is surgical cleanliness.—*Montreal Medical Journal.*

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Editorial.

ONCE MORE TUBERCULOSIS.

The NEWS has been so insistent upon the question of the care and cure of the tuberculosis, that we almost fear that by our continual coming we will weary our readers. But the publication of the report of Dr. Farrell, Canadian delegate to the World's Congress on Tuberculosis, held in Berlin last May, again brings the subject prominently before us, and we feel that the excellence of the report merits for it more than a passing reference. Moreover, it is due to Dr. Farrell, who has long manifested a practical interest in the prophylactic as well as the therapeutic aspect of tuberculosis, to have it said of him that the compliment paid him by the Dominion government, in selecting him as their representative at the great Congress, was well deserved, and that his report proves the wisdom of the selection.

From the tone of the report we judge that Dr. Farrell is substantially in accord with the policy of the NEWS in respect to tuberculosis. Our policy is not Utopian, but it requires state control—an insistence upon proper observance of proper laws framed to meet the case. We advocate the compulsory examination of every citizen for evidence of tubercular disease at least as often as once in every two years. We *insist* upon the necessity for control of the disposition of sputum, for the systematic inspection of foodstuffs likely to be infective, and for the establishment of sanatoria. We are gratified to have the support of Dr. Farrell in our contention for these necessities.

The report deals systematically with all the work taken up by the various speakers. The statistics, the relative frequency in the different professions and occupations, the relation between the disease in the lower animals and in man, and the causal association of the tubercle bacillus, are all referred to. The superinfection by the pus organisms in the later stages of the disease does not escape notice, and the opinions of numerous authorities on the prevention of the disease are set forth. Heredity, infection, marriage; the prevention of the disease in factories, in the crowded dwellings of the poor, in hospitals; the disposition of sputum, the inspection of milk and meats; the precautions to be taken by those in attendance on the tuberculous—all these receive brief attention. But the major portion of the report is devoted to the subject of treatment.

Space does not allow as full a review of the report as we fain would give, but we cannot refrain from quoting several sentences, taken from different parts of the report.

"It can be stated without fear of contradiction that if, as a result of education, persuasion or legal enactment, all expectorated matter from tuberculous patients was thrown into a vessel containing a small quantity of five per cent. solution of carbolic acid or any other effective germicide, the number of cases of consumption existing in this country could be reduced over one-half within five years."

* * * *

"It is now clear that we must deal with this disease as an infectious one, just as we now deal with smallpox or diphtheria. We may not need to isolate a case of consumption, in all its stages, as completely as we isolate these diseases, but now that we know the source of infection, since science has proved the sputum from the diseased lung to be almost exclusively the origin of the infective matter, stringent measures should be taken as soon as possible by governments, boards of health, and sanitary authorities to prevent the wholesale poisoning of the people which is constantly going on, more particularly in the vicinity of cases of tuberculosis."

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"In considering the means to be taken to stamp out tuberculosis let us start with this axiom: *No tubercle germ, no consumption. An unfavorable soil for the growth of the germ, no consumption.*

"Next to the destruction of the bacillus the most necessary point to be learned by the public is the danger to which they are subject, if a good standard of health is not maintained."

* * * *

"The point to be kept prominently before the public is that *tuberculosis is infectious. In most cases in which many members of a family are attacked and die of the disease, it is not on account of inheritance, it is due to an infected house and to contact.*

"The necessity for special sanatoria treatment can no longer be looked upon as the view of a limited number of authorities; there is now a consensus of opinion among medical men that tuberculosis cannot be treated successfully in private houses. It is difficult to do so among those who are well housed and comfortably off, but it is almost impossible among the poorer classes, so that there are now being established, in all countries which have given attention to the subject, special sanitoria for this purpose."

* * * *

"I will conclude with the hope that the Dominion Government, in concert with provincial and municipal authorities, will see the pressing need there is, both for humane and economic reasons, to begin such a campaign against tuberculosis as will stamp it out of Canada in a few years."

The report has been written for circulation among all classes, and has been made as free as possible from technicalities. The style is terse and clear and consequently attractive, and we have no doubt, but that the report will receive the wide distribution and the careful and general reading which it deserves. In the interests of the public health we trust that it will.

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In this connection it is gratifying to learn that the Halifax Board of Health has taken action. They are about to distribute printed circulars giving in simple language, instructions, which, if acted upon, we believe, will aid materially in limiting the prevalence of tuberculosis.

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PRACTICE IN THE ARGENTINE REPUBLIC.

On page 424 of this issue we publish a very interesting article by Dr. F. G. Corbin, taken from the *Montreal Medical Journal.* Dr. Corbin is a son of J. G. Corbin, Esq., of Bedford, and at one time student in the office of Dr. Farrell.

Society Meetings.

ST. JOHN MEDICAL SOCIETY.

Dr. J. H. Scammell, President, in the chair.

Nov. 1st, 1899.—A paper entitled "Gastric Ulcer in Some of its Aspects," was read by Dr. J. W. Daniel.

Gastric ulcer is more prevalent than commonly supposed. Ewald claims that 50 per cent of the population suffers from this affection, and that 50 per cent of the supposed medical cures return. While the cause is uncertain, hyperacidity and hypersecretion of the gastric juice are important factors—most cases show an extensive acid secretion. Cases may occur leading even to perforation, in which the disease has been wholly unsuspected.

The important symptoms are vomiting, pain, hæmorrhage, tenderness, pallor and constipation. Vomiting is frequently seen and the time of occurrence in relation to food varies. Pain is not always in the region of the ulcer, but may be in the back, chest, shoulder or other situations. It may be increased or relieved by pressure, or it may be entirely absent. Hæmorrhage occurs in about 75 per cent of all cases and may be the first symptom to cause suspicion of gastric ulcer. Fatal hæmorrhages have been observed to be confined almost exclusively to the male sex. As a rule it is not the violence or amount but the repetition of hæmorrhages that kills. As regards treatment, there is no medical specific. Alkalies are useful to overcome hyperacidity, magnesium hydrate being very serviceable, while rectal feeding is of great benefit.

The symptoms of perforation are sudden onset of pain, shock, rigidity of abdomen, tender spot over stomach, diminution of liver dulness, and presence of free fluid in the abdominal cavity. It is important to differentiate the condition from colic and appendicitis. The treatment should be immediate operation. In cases of gastric ulcer with severe and frequent hæmorrhage, operation is also advocated; the stomach is opened, the bleeding point located and controlled. Two cases of gastric perforation were related.

Dr. Daniel concluded his paper by stating that many cases of supposed simple dyspepsia were probably cases of gastric ulcer, the real condition not being recognized from the mildness of the symptoms, and further that perforation from gastric ulcer may occur where no ulcer is suspected.

Dr. Jas. Christie exhibited a man showing marked swelling of the neck, face and chest, with dilatation of the superficial veins of the chest. There was dizziness and shortness of breath. The condition was thought to be produced by the obstruction of the circulation, due to malignant disease or aneurism.

Nov. 8.—Dr. G. A. B. Addy read a paper entitled " Remarks on three Methods of treating Typhoid Fever."

The methods referred to were symptomatic, antiseptic, and hydropathic; with anyone of these forms of treatment about 85 per cent. of cases recover. The advantages of hydrotherapy were pointed out as well as the inefficiency of antiseptics.

A general discussion followed, in which reference was made to the recent outbreak of typhoid fever in St. John and to the relative value of the various modes of treatment.

Nov. 15.—Dr. J. R. McIntosh, Vice-President, in the chair.

The subject for the evening was a paper by Dr. T. D. Walker, on the London and Berlin hospitals. Reference was made to various hospitals and the work done at these institutions, such as the London hospital and University College hospital. At the Portland Road hospital, the treatment of ulcers by the use of oxygen was observed; excellent results are reported in the cases of chronic ulcers and lupus. Bergoni's operation for removal of the upper extremity with the scapula was described. In this operation the middle third of the clavicle is first removed to allow ligature of the subclavian vessels. Speaking generally of the London hospitals, reference was made to the buildings being old and the operative technique not all that was desirable. The anæsthetic in general use is ether given with a Clover's inhaler.

In Berlin, at the Charité, excellent X-ray work was seen. In cases of fracture, after application of splints, the limb is radiographed and the position of the bones ascertained. Olshausen in the gynæcological clinic has abandoned the vaginal route in hysterectomy; Landau, however, pursues this method and uses very large and heavy clamps for controlling hæmorrhage. The work of Von Bergman and Engleman was also referred to and some remarks were made on German instruments.

Nov. 22.—Dr. J. H. Scammell, President, in the chair.

Dr. McIntosh exhibited a case of empyema of antrum and demonstrated the condition by an electric lamp in the mouth. The condition was produced by a carious tooth.

A microscopic slide of the bacillus of anthrax was shown by Dr. G. A. B. Addy. The specimen was obtained in this province, the disease having occurred in some cattle.

A note on the investigations carried on up to the present to determine the nature and action of antitoxin was read by Dr. Ellis.

A resolution was passed deploring the loss to the scientific world caused by the death of Sir. Wm. Dawson.

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NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

Dr. E. A. Kirkpatrick, President, in the chair.

Nov. 15th, 1899.—Dr. Jones exhibited an apparatus for modifying milk for infant feeding—a graduate beaker devised by Dr. Emmet Holt, and explained its use.

References to infant feeding were made by Drs. D. A. Campbell, Chisholm, Doyle, Farrell and Goodwin.

It was decided to have a discussion upon infant feeding at a later date.

Dr. Farrell showed several specimens which had been removed at recent operations.

The discussion on "Tuberculosis" than took place.

Dr. Farrell, in opening, referred to the importance of applying the term tuberculosis to all diseases associated with the tubercle bacillus, in order to impress on the public their common origin. He pointed out the necessity for the education of the people concerning the infectiousness of this disease and the importance of its prevention. The curability of the disease was spoken of and the important influence of the open-air treatment. He urged the importance of a sanatorium being provided for these cases.

Dr. Hattie spoke of the etiology of tuberculosis and the presence in many advanced cases of mixed infections.

Dr. Murray dealt chiefly with the institutional treatment of pulmonary tuberculosis, with special reference to the importance of strict and careful supervision. It was important for patients to lead the highest possible hygienic life. This was attained by life in the open air, rest or graduated exercise and over-feeding. Dr. Murray suggested the formation of a society for the prevention of tuberculosis.

Dr. D. A. Campbell referred to the general harmful effect of mixed infection, particularly in internal organs. The disease was undoubtedly curable, though treatment by private practitioners had not been so far very satisfactory. He gave the history of three cases of undoubted cure, which had occurred in recent years in his own practice. The institutional treatment was important, because of the generalship and the reciprocal influence of patients.

Dr. Ross spoke of the good results of mixed infection that often occurred in cases of tuberculosis of the skin.

Dr. Murphy pressed the importance of removing tubercular glands.

Remarks were also made by Drs. Black, Jones and Goodwin.

The President supported the idea that a public meeting should be held with the object of enlightening the people on the important subject of tuberculosis.

Drs. D. A. Campbell, Murray and Jones were appointed a committee to deal with the question and report at next meeting.

Nov. 29th.—The report of committee appointed last meeting was read, which was favorable to holding a public meeting after the beginning of the new year.

A committee to carry out the meeting was appointed, consisting of the President, Drs. Jones, Silver, Sinclair, Murray and Cunningham.

Dr. M. A. B. Smith than read a paper on "Pyrexia; its Pathology and Treatment." (Published on page 409 of this issue.)

Dr. Goodwin thought that the danger of causing congestion of the lungs by the use of the cold bath, as spoken of by Dr. Smith really existed. He did not favor its use in lung disease. But he said after the application of the cold bath the surface of the body should be well rubbed.

Dr. D. A. Campbell believed there was over-production of heat in febrile processes, in spite of Dr. Smith's views, which he said were speculative and probably fallacious, as they were contrary to the views of accepted authorities. He was satisfied with the evidence of clinical experience which was all against chemical antipyretics. He believed great benefit resulted from the outward application of cold.

Dr. Jones referred to the beneficial effect the cold bath had on himself when afflicted with typhoid fever. He thought when Dr. Smith's views became more mature he might bring them before the Society.

Adverse comment on Dr. Smith's views was also made by Drs. Curry, Murray, Cunningham and Major Clements, R. A. M. C.

Dr. Smith, replying—as he explained, especially for Dr. Jones' benefit, mentioned that the argument was, he thought, simple and logical. Only one half as much food was taken in fever as normally to produce heat. Frictional heat was the same. Increased oxidation, granting it existed, would use more fuel than would be used to maintain the normal temperature. The end products, nitrogen and carbonic acid were diminished in fever. More heat from increased oxidation could not be got from the tissues nor anywhere else. Therefore, there was not increased oxidation in fever, but diminished elimination. The idea was that the oxidation processes as well as other processes such as digestion were in abeyance. The probable condition of Dr. Jones' nerves and the fact that the bath was admittedly a nervous stimulant, would explain the good effect he described himself as having felt from it. He also tought if the cold bath were used, the rubbing as mentioned by Dr. Goodwin was very important.

Dr. Goodwin read some interesting notes on work in some of the London hospitals.

Comments were made on Dr. Goodwin's notes by different members.

Book Reviews.

THE SURGICAL DISEASES OF THE GENITO-URINARY TRACT, VENEREAL AND SEXUAL DISEASES. A Text-book for Students and Practitioners. By G. FRANK LYDSTON, M. D., Professor of the Surgical Diseases of the Genito-Urinary Organs and Syphilology in the Medical Department of the State University of Illinois; Professor of Criminal Anthropology in the Kent College of Law; Surgeon-in-Chief of the Genito-Urinary Department of the West-Side Dispensary. Fellow of the Chicago Academy of Medicine; Fellow of the American Academy of Political and Social Science; Delegate from the United States to the International Congress for the Prevention of Syphilis and the Venereal Diseases, held at Brussels, Belgium, September 5, 1899, etc. Illustrated with 233 engravings. 6½ x 9¾ inches. Pages xvi–1024. Extra cloth, $5 00, net. Sheep or half-russia, $5.75 net. THE F. A. DAVIS Co., Publishers, 1914-16 Cherry St. Philadelphia.

In the preface, Dr. Lydston says:—"In view of the cordial manner in which my various contributions to the subjects embraced in this volume have been received by the profession, I have felt that the publication of a more comprehensive treatise hardly requires either apology or explanation."

The writings of the author have always been read with considerable appreciation by the reviewer, so that the publication of Dr. Lydston's book was received with more than ordinary interest. There is something so frank in his style which cannot but appeal to the reader even though some of his teachings are not accepted by other recognized authorities in the same line of work. It is only fair to admit, however, that some of the ideas heretofore expressed by the author have lived to prove their correctness and converted the sceptical to his outspoken views. Every topic of importance that has any connection with the subject is given as much space as its importance warrants. It is only necessary to refer in this connection to the first chapter which deals with "Genito-Urinary and Sexual Hygiene," and the second with "Urinalysis in its Surgical Relations." The chapter on "Gonorrhœa" (in the male) occupies forty-seven pages, this article necessarily being much the same — with a few important references to new drugs and methods of treatment — as his contribution in the "American Text-book of Genito-Urinary Diseases, Syphilis and Diseases of the Skin," published last year. Hydrostatic pressure as the most satisfactory method of flushing the deep urethra, without the use of tube or catheter, is referred to—this being advocated first by the author some years ago, the value of which can be highly commended from experience, by the reviewer.

The important subject of stricture takes up ninety-three pages, and it is safe to say that no abler contribution on this topic has been written in the English language. We see no reference, however, to Poncet's operation recently advocated for extensively infiltrated strictures.

In chronic cystitis the author particularly recommends, as the most reliable urinary antiseptic, a combination of oil of eucalyptus and salol, when the stomach will tolerate it, ten minims of the former and ten grains of the latter being administered in capsule. Urotropin is also spoken of as valuable, but in Dr. Lydston's opinion is inferior to the combination given above.

Space will not permit us to refer to other chapters of interest and value, for in fact all we have perused are such.

The print and binding are up to the usual standard of the publishers while the numerous illustrations are admirably executed.

As a valuable guide and a most readable book we can strongly recommend it to the profession.

OPERATIVE SURGERY.—By JOSEPH D. BRYANT, M. D., Professor of Principles and Practice of Surgery, Operative and Clinical Surgery in the University and Bellevue Medical College, etc., etc., etc. Third Edition, volume I. With 749 illustrations, 50 of which are coloured. Published by D. APPLETON & Co., New York.

All who devote attention to surgical procedures and who have in any way come under the influence of Dr. Bryant, will heartily welcome the third edition of his book on Operative Surgery. The first volume of the new edition has just come from the publishers hands, and at once takes hold upon the affections. It is beautifully printed and is replete with illustrations which themselves teach. Not only has the work been modernized in the matters of technique, etc., but it has been greatly extended and embraces a terse and practical consideration of the advance which has been made in surgical science and practice since the appearance of the second edition.

The first chapter deals with general considerations, particularly the preparation of instruments, dressings, room and patient for operation; the administration of anæsthetics, general and local; the description and uses of instruments; antiseptic and aseptic methods, etc. Then follow chapters devoted to the control of hæmorrhage; the treatment of operation-wounds; the ligature of arteries; operations on veins, capillaries, etc.; operations on the nervous system; operations on tendons, ligaments, fasciæ, muscles and bursæ; operations on bones; amputations; deformities; plastic surgery. The various operative procedures are concisely but very clearly described; the dangers to be avoided and the opportunities to make mistakes are all carefully pointed out; and the statistics of each operation are furnished. While the author shows no tendency to multiply words, he has yet succeeded in making his book very pleasant reading.

As should be, a critical perusal of the work reveals omissions, but we have not noted any which could be regarded as essential, and we feel that the author has shown excellent judgment in the selection of his material. We have no hesitation in recommending the work most highly, as being peculiarly adopted to the needs of those engaged in surgical work.

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Matters Personal and Impersonal.

The marriage of Dr. J. A. Sutherland, of Springhill, to Miss Christina, daughter of Simon Chisholm, Esq., took place at St. George's Church, River John, on the 6th inst.

Dr. J. G. McDougall, of Amherst, was married on the 9th inst. to Miss Emily Jones, one of Ottawa's most popular young ladies.

Dr. M. D. Morrison, of Old Bridgeport, C. B., has also joined the army of benedicts, having been married on the 20th inst., to Miss Katie, daughter of Norman McDonald, Esq, of Sydney, C. B.

The NEWS extends its cordial congratulations to the different couples.

Dr. W. Bruce Almon has started practice in this city, having opened an office at 166 Hollis St.

Dr. Atkinson, of Baie Verte, has been seriously ill at the Victoria General Hospital with typhoid fever, but we are pleased to learn that he is now improving.

The death of Dr. H. H. Mudd occurred at St. Louis, on the 20th ult., in the fifty-fifth year of his age. Dr. Mudd was one of the most esteemed medical men of St. Louis, and was Professor of Clinical Surgery in the St. Louis Medical College. Two of his best contributions are those on "Fractures" and "Dislocations" in Park's Surgery.

The Antikamnia Chemical Company, with their customary forethought and enterprise, have issued the fourth series of Skeleton Sketch Calendars, by that able and now lamented caricaturist, the late Dr. Cruzius. The set for 1900 is fully as interesting as the others published in previous years.

The next meeting of the Medical Society of Nova Scotia will be held at Amherst on July 4th and 5th, 1900. Dr. James Bell, of Montreal, has kindly consented to read the Address on Surgery.

We regret to announce the death of Dr. Foster MacFarlane, of St. John, which took place on the 14th. inst. An extended obituary notice will be published in our next issue.

SANMETTO IN ANEMIC UNDEVELOPED YOUNG WOMEN.—I have used sanmetto with profit in a case of a young woman who was troubled with a very irritable bladder and urethra caused from an excess of uric acid crystals in the urine. The sanmetto accomplished what I did not expect. The mammæ had never developed very much, nor the chest and shoulders. She was also quite anemic. I gave her a bottle of sanmetto with no apparent improvement except toward the last she felt a little more vitality. I then procured another bottle at the drug store here and gave her about half of it. There is now marked improvement in her general health, the mammæ are about the former size; her shoulders and neck are becoming very much more plump. and her chest is so much broader that she can scarcely wear the clothing worn before. She is looking very much better. But nothing seems to dissolve the uric acid crystals as yet. F. E. DOANE, M. D.

Kansas City, Mo.

URIC DIATHESIS.—Gave to a man with frequency of micturition, pain in back, and bloating of stomach and bowels; with rheumatic pains in limbs; sleepless and nervous; with full feeling and eructations after meals, Lithiated Hydrangea (Lambert's), in doses of two teaspoonfuls after meals, and the following:

℞	Potassii bromidi	℥ iij	
	Extr. cas. sag. fl.	f ʒ iss	
	Vin. kola	f ℥ ij	
	Tinct. cinchon. co.	q. s. ft. f ℥ iv.	Misce.

Signa. One teaspoonful, in water, before meals, and two teaspoonfuls before retiring.

He improved as if by magic; bloating, full feeling, eructations and all pain disappeared; and there is no undue frequency of micturition.

Cleveland, Ohio. CHARLES H. SPRINGER, M. D.

WINTER COUGHS—GRIPPAL NEUROSES.—That codeine had an especially beneficial effect in cases of nervous cough, and that it was capable of controlling excessive coughing in various lung affections, was noted before its true physiological action was understood. Later it was clear that its power as a nerve calmative was due, as Bartholow says to its special action on the pneumogastric nerve. Codeine stands apart from the rest of its group, in that it does not arrest secretion in the respiratory and intestinal tract. In marked contrast is it in this respect to morphine. Morphine dries the mucous membrane of the respiratory tract to such a degree that the condition is often made worse by its use; while its effect on the intestinal tract is to produce constipation. There are none of these disagreeable effects attending the use of codeine.

The coal-tar products were found to have great power as analgesics and antipyretics long before experiments in the therapeutical laboratory had been conducted to show their exact action. As a result of this laboratory work we know now that some of them are safe, while others are very dangerous. Antikamnia has stood the test of exhaustive trial, both in clinical and regular practice and has been proven free from the usual untoward after-effects which accompany, characterize and distinguish all other preparations of this class. Therefore antikamnia and codeine tablets afford a very desirable mode of exhibiting these two valuable drugs. The proportions are those most frequently indicated in the various neuroses of the larynx as well as the coughs incident to lung affections, grippal conditions, etc —*The Laryngoscope.*

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